

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90050 012 \*\*\*\*61.25

<b>DOCUMENT # N04000005801</b>			
<b>1. Entity Name</b> CAPE CANAVERAL-PORT CANAVERAL KIWANIS FOUNDATION, INC.			
<b>Principal Place of Business</b> 7520 RIDGEWOOD AVE #602 CAPE CANAVERAL, FL 32920-3036		<b>Mailing Address</b> 7520 RIDGEWOOD AVE #602 CAPE CANAVERAL, FL 32920-3036	
<b>2. Principal Place of Business - No P.O. Box #</b> 200 INTERNATIONAL DR		<b>3. Mailing Address</b> P.O. BOX 694	
Suite, Apt. #, etc. Apt # 510		Suite, Apt. #, etc.	
City & State Cape Canaveral, FL		City & State CAPE CANAVERAL, FL	
Zip 32920		Zip 32920-0694	
Country USA		Country USA	
<b>4. FEI Number</b> 77-0638273		Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> MCCORMICK, ALLEN K 7520 RIDGEWOOD AVE CAPE CANAVERAL, FL 32920-4800		<b>7. Name and Address of New Registered Agent</b> Name: EILEEN KANDRET Street Address (P.O. Box Number is Not Acceptable): 200 INTERNATIONAL DR #510 City: CAPE CANAVERAL FL Zip Code: 32920	
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b> SIGNATURE: <u>Eileen Kandret</u> EILEEN KANDRET, SECRETARY 4/11/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE: PP NAME: HARRIS, CHARLES S STREET ADDRESS: 555 JACKSON AVE #402 CITY-ST-ZIP: CAPE CANAVERAL, FL 32920	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: ROGER MC DANIELS STREET ADDRESS: 1730 HIDDEN LAKE DR. CITY-ST-ZIP: ROCKLEDGE, FL 32955	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: P NAME: MATTHEWS, LYNN STREET ADDRESS: 31 WEST POINT DRIVE CITY-ST-ZIP: COCOA BEACH, FL 329312329	<input type="checkbox"/> Delete	TITLE: PP NAME: [blank] STREET ADDRESS: [blank] CITY-ST-ZIP: [blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PE NAME: PETSOS, BUZZ STREET ADDRESS: 618 MADISON AVE CITY-ST-ZIP: CAPE CANAVERAL, FL 32920	<input type="checkbox"/> Delete	TITLE: P NAME: [blank] STREET ADDRESS: [blank] CITY-ST-ZIP: [blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: MCCORMICK, ALLEN K STREET ADDRESS: 7520 RIDGEWOOD AVE #602 CITY-ST-ZIP: CAPE CANAVERAL, FL 329203036	<input checked="" type="checkbox"/> Delete	TITLE: S NAME: EILEEN KANDRET STREET ADDRESS: 200 INTERNATIONAL DR #510 CITY-ST-ZIP: CAPE CANAVERAL, FL 32920	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: T NAME: GIBSON, LINDA STREET ADDRESS: 113 MCKINLEY AVE CITY-ST-ZIP: COCOA BEACH, FL 32931	<input type="checkbox"/> Delete	TITLE: [blank] NAME: [blank] STREET ADDRESS: [blank] CITY-ST-ZIP: [blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: HOOG, ROBERT STREET ADDRESS: 210 JEFFERSON AVENUE CITY-ST-ZIP: CAPE CANAVERAL, FL 32920	<input type="checkbox"/> Delete	TITLE: PE NAME: [blank] STREET ADDRESS: [blank] CITY-ST-ZIP: [blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>			
<b>SIGNATURE:</b> <u>Eileen Kandret</u> EILEEN KANDRET, SEC. 4/11/07 (321)799-4549 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			