2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N04000005801

1. Entity Name CAPE CANAVERAL-PORT CANAVERAL KIWANIS FOUNDATION, INC.



Aug 25, 2008 8:00 am Secretary of State 08-25-2008 90002 041 ****61.25

FILED

200 INTERNA APT 510 CAPE CANAV		P O BOX 694 CAPE CANAVERAL, FL								
2. Principal Place of Business - No P.O. Box # 3.		3. Mailing Address	Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			07242008 Chg-NP CR2E037 (12/06)				
City & State		City & State				4. FEI Number 77-063827	73			plied For t Applicable
Zip	Country	Zíp	Cour	ntry		5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name and Address of Current R	legistered Agent	d Agent			7. Name and Address of New Registered Agent				
KANDDET	FUEEN		Name							
KANDRET 200 INTER 510	, EILEEN RNATIONAL DR		Street Address			s (P.O. Box Number is Not Acceptable)				
CAPE CAN	NAVERAL, FL 32920-4800		City				** * ***	FL	Zip Code	
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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.										
	S. S						3.			-
SIGNATURE										
rò	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOT	E: Registered	Agent signate	ure required	when reinstating)		DATE		
, D	Filing Fee is \$61.25 ue by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees Make check payable to Florida Department of State				
10.	OFFICERS AND DIRI	ECTORS	11.			ADDITIONS/CHANG	ES TO OFFICER	RS AND DIRE	CTORS IN	10
TITLE	D	☐ Delete	TITLE				·	[Change	☐ Addition
NAME	MCDANIELS, ROGER	MCDANIELS, ROGER		i						ĺ
STREET ADDRESS	1730 HIDDEN LAKE DR			T ADDRESS						
CITY-ST-ZIP	ROCKLEDGE, FL 32955		CITY-S	ST-ZIP						
TITLE	PP	☐ Delete	TITLE		D				Change	Addition
NAME STREET ADDRESS	MATTHEWS, LYNN 31 WEST POINT DRIVE		NAME		l					
CITY-ST-ZIP										
			- 1	T ADDRESS ST-ZIP						
	COCOA BEACH, FL 329312329	C Outer	CITY-S	ST-ZIP	00			·	D Chance	Addition
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1		☐ Delete	CITY-S TITLE NAME	ST-ZIP	PP		<i>,</i>	(Change	☐ Addition
NAME	P PETSOS, BUZZ	☐ Delete	CITY-S TITLE NAME STREE	ST-ZIP	PP		-, · · · · · · · · · · · · · · ·		Change	Addition
NAME STREET ADDRESS	P PETSOS, BUZZ 618 MADISON AVE	☐ Delete	CITY-S TITLE NAME STREE	ST-ZIP	PP				Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	P PETSOS, BUZZ 618 MADISON AVE ČAPE CANAVERAL, FL 32920 S KANDRET, EILEEN		CITY-S TITLE NAME STREE CITY-S	ST-ZIP T ADDRESS ST-ZIP	PP		<u></u>			
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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 eath; 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.

SIGNATURE: Esleen Kandret