

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005801

FILED  
Feb 21, 2012  
Secretary of State

**Entity Name:** CAPE CANAVERAL-PORT CANAVERAL KIWANIS FOUNDATION, INC.

**Current Principal Place of Business:**

7520 RIDGEWOOD AVENUE  
UNIT 603  
CAPE CANAVERAL, FL 32920

**New Principal Place of Business:**

703 SOLANA SHORES DRIVE  
CAPE CANAVERAL, FL 32920

**Current Mailing Address:**

P O BOX 694  
CAPE CANAVERAL, FL 329203036

**New Mailing Address:**

**FEI Number:** 77-0638273

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MIESMER, TOM  
502 TYLER AVENUE  
CAPE CANAVERAL, FL 32920 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PP  
Name: BAKER, FRANK  
Address: 309 HARRISON AVE.  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: P/S  
Name: ROBERTS, SHANNON  
Address: 703 SOLANA SHORES DRIVE  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: T  
Name: HAMILTON, JOYCE  
Address: 110 JEFFERSON AVE  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: D  
Name: PETSOS, BUZZ  
Address: 618 MADISON AVE.  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: D  
Name: HARRIS, CHARLIE  
Address: 555 JACKSON AVE. #603  
City-St-Zip: CAPE CANAVERAL, FL 32920

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TOM MIESMER

RA

02/21/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date