


FILE NOW: FILING FEE IS \$61.25

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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N10507

1. Corporation Name

KIWANIS CLUB OF CAPE CORAL-NORTH, INC.

Principal Place of Business

1714 CAPE CORAL PARKWAY
C/O RICHARD V.S. ROOSA
CAPE CORAL FL 33904

Mailing Address

1714 CAPE CORAL PARKWAY
C/O RICHARD V.S. ROOSA
CAPE CORAL FL 33904



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/31/1985	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2481371	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

ROOSA, RICHARD V.S.
1714 CAPE CORAL PARKWAY
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	S	<input checked="" type="checkbox"/> DELETE			
NAME	STRIANO, TONY				
STREET ADDRESS	3818 SW 11 PL				
CITY-ST-ZIP	CAPE CORAL FL 33904				
TITLE	T	<input checked="" type="checkbox"/> DELETE			
NAME	TRAINOR, TEDI				
STREET ADDRESS	P O BOX 4029 N/A				
CITY-ST-ZIP	FT MYERS FL 33902				
TITLE	VP	<input checked="" type="checkbox"/> DELETE			
NAME	ORLOPP, BOB				
STREET ADDRESS	2235 EVEREST PKWY				
CITY-ST-ZIP	CAPE CORAL FL 33904				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	SHUHERK, JIM				
STREET ADDRESS	4807 SUNSET CT				
CITY-ST-ZIP	CAPE CORAL FL 33904				
TITLE	D	<input checked="" type="checkbox"/> DELETE			
NAME	RIZZI, UNBERTO				
STREET ADDRESS	2215 SW 53RD TERR				
CITY-ST-ZIP	CAPE CORAL FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	ROTINO, TONY				
STREET ADDRESS	738 SHARAK CT				
CITY-ST-ZIP	CAPE CORAL FL 33904				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME	UMBERTO RIZZI				
1.3 STREET ADDRESS	2215 SW 53RD TERRACE				
1.4 CITY-ST-ZIP	CAPE CORAL FL 33914				
2.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME	RICHARD ROOSA				
2.3 STREET ADDRESS	1714 CAPE CORAL PARKWAY				
2.4 CITY-ST-ZIP	CAPE CORAL FL 33904				
3.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME	ALICE FLETCHER				
3.3 STREET ADDRESS	4421 SE 19TH PLACE				
3.4 CITY-ST-ZIP	CAPE CORAL FL 33904				
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME	UMBERTO RIZZI				
5.3 STREET ADDRESS	2215 SW 53RD TERRACE				
5.4 CITY-ST-ZIP	CAPE CORAL FL 33914				
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

UMBERTO RIZZI 549-9922
1-15-99 Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)