


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N10507</b> 1. Entity Name KIWANIS CLUB OF CAPE CORAL-NORTH, INC.	
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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
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01172005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2481371	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  ROOSA, RICHARD V.S. 1714 CAPE CORAL PARKWAY CAPE CORAL, FL 33904
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**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing ☐ **\$5.00 May Be**  
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROOSA, RICHARD 1714 CAPE CORAL PARKWAY CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KLINE, ROBERT 2928 SE 20TH AVE CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DEFINIS, ROBERT 3109 SE 5TH CT. CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROTINO, TONY 738 SHARAK CT CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE:  1/17/05 (239) 542-4733  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #