
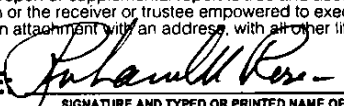


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90116 003 \*\*\*\*61.25

<b>DOCUMENT # N10507</b> 1. Entity Name <b>KIWANIS CLUB OF CAPE CORAL-NORTH, INC.</b>					
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 - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		01162007 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number <b>59-2481371</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ROOSA, RICHARD V.S.</b> <b>1714 CAPE CORAL PARKWAY</b> <b>CAPE CORAL, FL 33904</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing 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>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROOSA, RICHARD 1714 CAPE CORAL PARKWAY CAPE CORAL, FL 33904	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KLINE, ROBERT 2928 SE 20TH AVE CAPE CORAL, FL 33904	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DEFINIS, ROBERT 3109 SE 5TH CT. CAPE CORAL, FL 33904	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCULLOUGH, JOHN 1912 SE 9TH TERR CAPE CORAL, FL 33990	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KEVIN COLPOYS 1902 SE 26 <sup>th</sup> ST. CAPE CORAL, FL 33904	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EILEYN SOBECK-BADDER 1422 SW 18 <sup>th</sup> ST. CAPE CORAL FL 33991	<input type="checkbox"/> Delete <input type="checkbox"/> Addition			
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 another like empowered.					
SIGNATURE  <b>RICHARD V.S. ROOSA</b>				Date <b>1/16/07</b> Daytime Phone # <b>239 542 4733</b>	