

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761545

FILED
Mar 11, 2009
Secretary of State

Entity Name: KIWANIS CLUB OF PUNTA GORDA, INC.

Current Principal Place of Business:

813 CORDELE AVE.
PORT CHARLOTTE, FL 339486309 US

New Principal Place of Business:

Current Mailing Address:

813 CORDELE AVE.
PORT CHARLOTTE, FL 339486309 US

New Mailing Address:

FEI Number: 59-6211042

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARPENTER, BOB
813 CORDELE AVE.
% KIWANIS CLUB OF PUNTA GORDA INC.
PORT CHARLOTTE, FL 33948 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: P () Delete
Name: FLAVIN, SHERYL
Address: 20428 ELROSE AVE.
City-St-Zip: PORT CHARLOTTE, FL 33954 US

Title: PE () Delete
Name: GREENE, JOAN
Address: 100 SULLIVAN ST. #112
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: T () Delete
Name: CRAIG, SUSAN
Address: 3000 WISTERIA PLACE
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: D () Delete
Name: TAYLOR, LARRY
Address: 1515 TAMiami TRAIL
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: D () Delete
Name: SUMMERS, SAMUEL C
Address: 264 VALDIVA ST.
City-St-Zip: DEEP CREEK, FL 33983 US

Title: S () Delete
Name: CARPENTER, BOB
Address: 813 CORDELE AVE.
City-St-Zip: PORT CHARLOTTE, FL 33948 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PE (X) Change () Addition
Name: GEROW, JUSTIN
Address: 2206 MAURITANIA ROAD
City-St-Zip: PUNTA GORDA, FL 33983 US

Title: D (X) Change () Addition
Name: GREENE, JOAN
Address: 100 SULLIVAN ST. #112
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: T (X) Change () Addition
Name: DEYOUNG, ERIC
Address: 2080 WILLOW HAMMOCK CIRCLE
City-St-Zip: PUNTA GORDA, FL 33983 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BOB CARPENTER

S

03/11/2009

Electronic Signature of Signing Officer or Director

Date