

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004987

FILED
Jan 14, 2009
Secretary of State

Entity Name: KIWANIS CLUB OF COUNTRYSIDE FOUNDATION, INC.

Current Principal Place of Business:

C/O CHARLES R. HILLEBOE, ESQ.
2790 SUNSET POINT RD
CLEARWATER, FL 33759

New Principal Place of Business:

Current Mailing Address:

PO BOX 1855
OLDAMAR, FL 346771855

New Mailing Address:

FEI Number: 59-2244290

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILLEBOE, CHARLES R
2790 SUNSET POINT RD
CLEARWATER, FL 33759 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: LUCE, DICK
Address: 2976 BUXTON COURT
City-St-Zip: CLEARWATER, FL 33761

Title: VP () Delete
Name: NELSON, JOHN
Address: 2818 MEADOW HILL DRIVE
City-St-Zip: CLEARWATER, FL 33761

Title: S () Delete
Name: GREER, WILLIAM T
Address: 769 RUSTIC OAKS
City-St-Zip: PALM HARBOR, FL 34684

Title: T () Delete
Name: PALMISANO, DANIEL A
Address: 2043 DENMARK ST. #11
City-St-Zip: CLEARWATER, FL 33763

Title: VP () Delete
Name: NELSON, JOHN
Address: 2818 MEADOW HILL DRIVE
City-St-Zip: CLEARWATER, FL 33761

Title: D () Delete
Name: HARRIS, STUART
Address: 2426 ECUADORIAN WAY #60
City-St-Zip: CLEARWATER, FL 33763

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: () Change () Addition
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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: DALE THOMPSON

CFO

01/14/2009

Electronic Signature of Signing Officer or Director

Date