


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 21, 2008 8:00 am**  
**Secretary of State**

03-21-2008 90014 007 \*\*\*\*61.25

<b>DOCUMENT # N36040</b>					
1. Entity Name KIWANIS CLUB OF PALMETTO, INC.					
Principal Place of Business P O BOX 62 PALMETTO, FL 34222			Mailing Address P O BOX 62 PALMETTO, FL 34220 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-0559505	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GEISLER, KEVIN W 6007 60TH STREET E PALMETTO, FL 34221			Name <i>Kevin W. Geisler</i> Street Address (P.O. Box Number is Not Acceptable) <i>4411 85th Ave Cir E</i> City <i>Parrish</i> FL Zip Code <i>34219</i>		
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 <i>[Signature]</i> Signature, typed or printed name of registered agent and title if applicable.			NOTE: Registered Agent signature required when reinstating.		DATE <i>3/7/08</i>
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCMILLIAN, MATT		NAME	<i>MARY STINSON</i>	
STREET ADDRESS	3105 ARROWSMITH WAY		STREET ADDRESS	<i>8207 OAK DR</i>	
CITY-ST-ZIP	WIMAUMA, FL 33598		CITY-ST-ZIP	<i>Palmetto FL 34221</i>	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNULTY, DEBBY		NAME		
STREET ADDRESS	7222 49TH PL E		STREET ADDRESS		
CITY-ST-ZIP	PALMETTO, FL 34221		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARPER, ROB		NAME		
STREET ADDRESS	6115 60TH ST E		STREET ADDRESS		
CITY-ST-ZIP	PALMETTO, FL 34221		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ESTIGARRIBIA, JOSE		NAME	<i>Nancy Cox</i>	
STREET ADDRESS	612 12TH AVE W		STREET ADDRESS	<i>185 Bimini Dr</i>	
CITY-ST-ZIP	PALMETTO, FL 34221		CITY-ST-ZIP	<i>Palmetto FL 34221</i>	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLETCHER, BUB		NAME		
STREET ADDRESS	3104 85TH ST E		STREET ADDRESS		
CITY-ST-ZIP	PALMETTO, FL 34221		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DODSON, JAMEY		NAME		
STREET ADDRESS	6116 61ST DR E		STREET ADDRESS		
CITY-ST-ZIP	PALMETTO, FL 34221		CITY-ST-ZIP		
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 all other like empowered.					
SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			ASST Treasurer <i>[Signature]</i> Date <i>3/7/08</i>		741-752-6262 Daytime Phone #

40049370



01282008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-0559505 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

Filing Fee is \$61.25 Due by May 1, 2008

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

Make check payable to Florida Department of State

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STREET ADDRESS	<i>8207 OAK DR</i>	
CITY-ST-ZIP	<i>Palmetto FL 34221</i>	
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CITY-ST-ZIP		

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SIGNATURE: *[Signature]* ASST Treasurer *[Signature]* Date *3/7/08* 741-752-6262 Daytime Phone #