

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

**FILED**  
**Feb 15, 2008 8:00 am**  
**Secretary of State**

02-15-2008 90008 022 \*\*\*\*61.25

<b>DOCUMENT # N41342</b>							
1. Entity Name <b>THE JUPITER-TEQUESTA KIWANIS FOUNDATION, INC.</b>							
Principal Place of Business P.O. BOX 4144 TEQUESTA, FL 33469		Mailing Address P.O. BOX 4144 TEQUESTA, FL 33469					
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 <b>65-0242960</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			7. Name and Address of New Registered Agent				
<b>FUSARD, EUGENE D</b> <b>16607 NARROWS DR.</b> <b>JUPITER, FL 33477</b>			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	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: <i>Eugene D. Fusaro</i> <span style="float: right;">2/12/08</span> <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, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		Make check payable to <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	D	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	FUSARO, EUGENE D		NAME	CINDY SHEPPARD			
STREET ADDRESS	16607 NARROWS DR		STREET ADDRESS	1315 W. INDIANTOWN RD.			
CITY-ST-ZIP	JUPITER, FL 33477		CITY-ST-ZIP	JUPITER, FL 33458			
TITLE	<del>P D</del>	<input type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	KEELOR, MARY		NAME	ROBERT HOROWITZ			
STREET ADDRESS	235 EAST RIVER PARK DR		STREET ADDRESS	5416 OLD FORT JUPITER RD.			
CITY-ST-ZIP	JUPITER, FL 33477		CITY-ST-ZIP	JUPITER, FL 33458			
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GEHRING, KLIF		NAME	DEBBI HAGER			
STREET ADDRESS	3801 PGA BLVD		STREET ADDRESS	1028 HALF MOON CIRCLE			
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		CITY-ST-ZIP	JUPITER, FL 33458			
TITLE	<del>T VP</del>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOROWITZ, RONNIE B		NAME				
STREET ADDRESS	5416 OLD FORT JUPITER BLVD		STREET ADDRESS				
CITY-ST-ZIP	JUPITER, FL 33458		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PADGETT, SUSAN		NAME				
STREET ADDRESS	764 SW TAMARRA PL		STREET ADDRESS				
CITY-ST-ZIP	STUART, FL 34997		CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GRIVJACK, MARTIN		NAME				
STREET ADDRESS	17114 123 TERR N		STREET ADDRESS				
CITY-ST-ZIP	JUPITER, FL 33478		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>Cari J. Brown</i>			Date: <i>2/12/08</i> Daytime Phone #: <i>561-748-9050</i>				
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>				



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