2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# N42756

Entity Name: KIWANIS CLUB OF PELICAN BAY, NAPLES, INC.

Current Principal Place of Business:

2065 PAINTED PALM DR
NAPLES, FL 34119

New Principal Place of Business:

Current Mailing Address:

2065 PAINTED PALM DR
NAPLES, FL 34119

New Mailing Address:

FEI Number: 65-0276336 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROGERS, SANDRA L
2065 PAINTED PALM DR
NAPLES, FL 34119 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: COPELAND, RICHARD
Address: 5632 HAMMOCK ISLES DRIVE
City-St-Zip: NAPLES, FL 34119

Title: VP ( ) Delete
Name: SMITH, DONALD E
Address: 6080 RESERVE CIR., #1002
City-St-Zip: NAPLES, FL 34119

Title: S ( ) Delete
Name: ROGERS, SANDRA L
Address: 2065 PAINTED PALM DR
City-St-Zip: NAPLES, FL 34119

Title: T ( ) Delete
Name: PHILBIN, PATRICK
Address: 4637 SNOWY EGRET DRIVE
City-St-Zip: NAPLES, FL 34119

Title: D ( ) Delete
Name: SMITH, MICHELLE
Address: 6080 RESERVE CIR., #1002
City-St-Zip: NAPLES, FL 34119

Title: D ( ) Delete
Name: WELDON, RICHARD L
Address: 4720 ST. CROIX LN. #117
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SMITH, DONALD E
Address: 6080 RESERVE CIR #1002
City-St-Zip: NAPLES, FL 34119

Title: VP (X) Change ( ) Addition
Name: SMITH, MICHELE
Address: 6080 RESERVE CIR., #1002
City-St-Zip: NAPLES, FL 34119

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

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

Title: D (X) Change ( ) Addition
Name: BOWMAN, MARJORIE
Address: 2250 W CROWN POINTE BLVD #122
City-St-Zip: NAPLES, FL 34112

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: SANDRA L. ROGERS S 04/29/2008

Electronic Signature of Signing Officer or Director — Date