

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006306

FILED
May 11, 2007
Secretary of State

Entity Name: BUSHNELL KWIANIS CLUB, INC.

Current Principal Place of Business:

P.O. BOX 821
BUSHNELL, FL 335130821

New Principal Place of Business:

301 W NOBLE AVE
BUSHNELL, FL 33513

Current Mailing Address:

P.O. BOX 821
BUSHNELL, FL 335130821

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

COLEMAN, BARRY
301 W NOBLE AVE
BUSHNELL, FL 33513 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: S () Delete
Name: COLEMAN, BARRY
Address: 301 W NOBLE AVE
City-St-Zip: BUSHNELL, FL 33513

Title: P () Delete
Name: HARRISON, JULIAN E
Address: 324 W DADE AVE
City-St-Zip: BUSHNELL, FL 33513

Title: D () Delete
Name: LOSSE, MICHAEL
Address: P.O. BOX 1644
City-St-Zip: BUSHNELL, FL 33513

Title: T () Delete
Name: SLATE, ED
Address: 506 W NOBLE AVE
City-St-Zip: BUSHNELL, FL 33513

Title: D () Delete
Name: ROBERTS, JIM
Address: PO BOX 784
City-St-Zip: BUSHNELL, FL 33513

Title: D () Delete
Name: WAKEMAN, RUTH
Address: 11380 S. HWY. 301
City-St-Zip: WEBSTER, FL 33597

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
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: COLEMAN, BARRY
Address: 301 W NOBLE AVE
City-St-Zip: BUSHNELL, FL 33513

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: BARRY COLEMAN

S

05/11/2007

Electronic Signature of Signing Officer or Director

Date