2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# 741221

Entity Name: KIWANIS CLUB OF FLAGLER/PALM COAST, INC.

Current Principal Place of Business:

6 FOLCROFT LANE
PALM COAST, FL 32137 US

New Principal Place of Business:

Current Mailing Address:

6 FOLCROFT LANE
PALM COAST, FL 32137 US

New Mailing Address:

FEI Number: 51-0219120 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RUARK, ROBERT T
6 FOLCROFT LANE
PALM COAST, FL 32137 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: DP ( ) Delete
Name: PASSALAQUA, SAL
Address: 42 PIDMONT DRIVE
City-St-Zip: PALM COAST, FL 32164

Title: VPP ( ) Delete
Name: MERRILL, DAVID W SR.
Address: 55 BOSTON LANE
City-St-Zip: PALM COAST, FL 32137

Title: DT ( ) Delete
Name: RUARK, ROBERT T
Address: 6 FOLCROFT LANE
City-St-Zip: PALM COAST, FL

Title: TS ( ) Delete
Name: MOSER, CHERYL
Address: 12 ROXLAND LANE
City-St-Zip: PALM COAST FLORIDA, FL 32164

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: CONSENTINO, FRANK JR
Address: 10 REGENCY DR
City-St-Zip: PALM COAST, FL 32164

Title: VPP (X) Change ( ) Addition
Name: MAC ALLISTER, JEAN
Address: 2 CROSSTIE CR
City-St-Zip: PALM COAST, FL 32137

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

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

Title: V ( ) Change (X) Addition
Name: CHRISTIAN, DIANA
Address: 56 FELSHIRE LN
City-St-Zip: PALM COAST, FL 32137

Title: V ( ) Change (X) Addition
Name: USHER, HARRY
Address: 268 OSPREY LN
City-St-Zip: FLAGLER BEACH, FL 32136

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: ROBERT T RUARK TRES 04/30/2009

Electronic Signature of Signing Officer or Director — Date