

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006306

FILED
Apr 21, 2009
Secretary of State

Entity Name: BUSHNELL KWIANIS CLUB, INC.

Current Principal Place of Business:

301 W NOBLE AVE
BUSHNELL, FL 33513

New Principal Place of Business:

301 W NOBLE AV
BUSHNELL, FL 33513 US

Current Mailing Address:

P.O. BOX 821
BUSHNELL, FL 335130821

New Mailing Address:

301 W NOBLE AVE
BUSHNELL, FL 33513 US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAIRES, EUGENE E III
1034 W SR 48
BUSHNELL, FL 33513 US

Name and Address of New Registered Agent:

COLEMAN, BARRY
301 W NOBLE AVE
BUSHNELL, FL 33513 US

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: BARRY COLEMAN

04/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: GRASS, JEFFREY
Address: 2615 CR 262
City-St-Zip: WEBSTER, FL 33597

Title: P () Delete
Name: CHAIRES, EUGENE E III
Address: 1034 W SR 48
City-St-Zip: BUSHNELL, FL 33513

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

Title: D () Delete
Name: SLATE, ED
Address: 322 N ADAMS ST
City-St-Zip: BUSHNELL, FL 33513

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

Title: T () Delete
Name: HIBBARD, BROOKE A
Address: 9016 S WATERVIEW DR
City-St-Zip: FLORAL CITY, FL 34436

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change () Addition
Name: WHITACRE, DENIS
Address: 217 N FLORIDA ST
City-St-Zip: BUSHNELL, FL 33513 US

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

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

Title: S (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

04/21/2009

Electronic Signature of Signing Officer or Director

Date