

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008486

Entity Name: KIWANIS CLUB OF NORTH PORT EARLY BIRDS, INC.**Current Principal Place of Business:**12691 S. TAMIAMI TRAIL
NORTH PORT, FL 34287**Current Mailing Address:**P. O. BOX 7185
NORTH PORT, FL 34287 US**FEI Number:** 20-3346407**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BERRY, SHERRY R
7141 BECKWITH AVENUE.
NORTH PORT, FL 34291 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:** SHERRY BERRY

01/25/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D, DIRECTOR
Name JONES, THOMAS
Address 3552 TROPICARE BLVD.
City-State-Zip: NORTH PORT FL 34286

Title D, DIRECTOR
Name JONES, DAWN
Address 3552 TROPICARE BLVD.
City-State-Zip: NORTH PORT FL 34287

Title PRESIDENT
Name RAIMBEAU, HELEN
Address 2269 TROPICARE BLVD
City-State-Zip: NORTH PORT FL 34291

Title T
Name BERRY, SHERRY R.
Address 7141 BECKWITH AVENUE.
City-State-Zip: NORTH PORT FL 34291

Title D
Name CUCCHI, RICHARD
Address 1291 S. TAMIAMI TRAIL
City-State-Zip: NORTH PORT FL 34287

Title D
Name GLENN, EVON
Address 3802 FAIRCHILD AVE.
City-State-Zip: NORTH PORT FL 34287

Title DIRECTOR
Name BRECKENRIDGE, DOLORES
Address 1061 CHESHIRE ST.
City-State-Zip: PORT CHARLOTTE FL 33953

I hereby 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 all other like empowered.

SIGNATURE: SHERRY R. BERRY**SECRETARY**

01/25/2016

Electronic Signature of Signing Officer/Director Detail

Date