


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 703680</b> 1. Entity Name KIWANIS CLUB OF SOUTH SARASOTA, INC.	
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Principal Place of Business 3737 S. TUTTLE SARASOTA, FL 34239	Mailing Address 3737 S. TUTTLE SARASOTA, FL 34239
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**DO NOT WRITE IN THIS SPACE**



04092007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-6168946	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CAROL, MONVILLE  
3737 S. TUTTLE AVENUE  
SARASOTA, FL 34239

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VP</del> P DAUCOURT, LILIANA 8181 S. TAMIAMI TRAIL SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MONVILLE, CAROL 3737 S. TUTTLE SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRADELY, TREMITIERE 2900-2 S. TAMIAMI TRAIL SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DESJARLAIS, MARY LYNN 7029A S. TAMIAMI TRAIL SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/15/07-80089-002 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Carol Monville* 4/22/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #