

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703680

FILED
Apr 30, 2009
Secretary of State

Entity Name: KIWANIS CLUB OF SOUTH SARASOTA, INC.

Current Principal Place of Business:

3737 S. TUTTLE
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

3737 S. TUTTLE
SARASOTA, FL 34239

New Mailing Address:

FEI Number: 59-6168946 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAROL, MONVILLE
3737 S. TUTTLE AVENUE
SARASOTA, FL 34239 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: VD () Delete
Name: DAUCOURT, LILIANA
Address: 8181 S. TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34231

Title: TD () Delete
Name: MONVILLE, CAROL
Address: 3737 S. TUTTLE
City-St-Zip: SARASOTA, FL 34239

Title: SD () Delete
Name: BRADELY, TREMITIERE
Address: 2900-2 S. TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34239

Title: D (X) Delete
Name: DESJARLAIS, MARY LYNN
Address: 7029A S. TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34231

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: OMALLEY, BROOKE
Address: 2033 WOOD STREET#210
City-St-Zip: SARASOTA, FL 34237

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

Title: SD (X) Change () Addition
Name: JONES-PENN, CAROLYN
Address: 7531 MARIANA
City-St-Zip: SARASOTA, FL 34231

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: CAROL LYNN MONVILLE

TD

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date