

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703758

FILED
Jan 12, 2005
Secretary of State

Entity Name: KIWANIS CLUB OF SEBRING, INC.

Current Principal Place of Business:

P.O. BOX 1467
SEBRING, FL 33871

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1467
SEBRING, FL 33871

New Mailing Address:

FEI Number: 59-6168947

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DODDRIDGE, KATHRYN
3800 CORMORANT POINT DR
SEBRING, FL 33872 US

Name and Address of New Registered Agent:

MCFADDEN, GARY
4809 DUFFER LOOP
SEBRING, FL 33872 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: GARY MCFADDEN

01/12/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FARRER, JANE
Address: 2600 THUNDERBIRD RD
City-St-Zip: SEBRING, FL 33872

Title: TD () Delete
Name: BAIR, NELLIE
Address: 3900 US 27 N
City-St-Zip: SEBRING, FL 33870

Title: SD () Delete
Name: DODDRIDGE, KATHRYN
Address: 3800 CORMORANT POINT DR
City-St-Zip: SEBRING, FL 33872

Title: D () Delete
Name: NICHOLS, BILL
Address: 100 NICHOLS WAY
City-St-Zip: SEBRING, FL 33875

Title: D () Delete
Name: ADAMS, APRIL
Address: 10875 SHANK HILL RD
City-St-Zip: SEBRING, FL 33875

Title: D () Delete
Name: BECKMAN, RHONDA
Address: 4729 ALCAN TARRA AVE
City-St-Zip: SEBRING, FL 33872

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FARRER, JANE
Address: 2600 THUNDERBIRD RD
City-St-Zip: SEBRING, FL 33872

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

Title: SD (X) Change () Addition
Name: MCFADDEN, GARY
Address: 4809 DUFFER LOOP
City-St-Zip: SEBRING, FL 33872

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

Title: PD (X) Change () Addition
Name: ADAMS, APRIL
Address: 10875 SHANK HILL RD
City-St-Zip: SEBRING, FL 33875

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: NELLIE BAIR

TD

01/12/2005

Electronic Signature of Signing Officer or Director

Date