

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703758

FILED
Apr 02, 2008
Secretary of State

Entity Name: KIWANIS CLUB OF SEBRING, INC.

Current Principal Place of Business:

4612 BUNKER DRIVE
SEBRING, FL 33872

New Principal Place of Business:

4001 PALOMINO DR.
SEBRING, FL 33875

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:

TAVENIERE, JAMES W
4612 BUNKER DRIVE
SEBRING, FL 33872 US

Name and Address of New Registered Agent:

VAN DER LIKE, BARBARA A
4001 PALOMINO DR.
SEBRING, FL 33875 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: BARBARA VAN DER LIKE

04/02/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: TD () Delete
Name: TAVENIERE, JAMES W
Address: 4612 BUNKER DRIVE
City-St-Zip: SEBRING, FL 33872

Title: SD () Delete
Name: DODDRIDGE, KATHRYN
Address: 3605 PAR ROAD
City-St-Zip: SEBRING, FL 33872

Title: D () Delete
Name: OWENS, GRACE
Address: 4320 LAFAYETTE AVE
City-St-Zip: SEBRING, FL 33875

Title: PD () Delete
Name: KINSLOW, LAURIE
Address: 4202 EILAND DRIVE
City-St-Zip: SEBRING, FL 33875

Title: VD (X) Delete
Name: ALBRITTON, JIM
Address: 3019 US 27 NORTH
City-St-Zip: SEBRING, FL 33870

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ALBRITTON, JAMS
Address: 1177 S. HICKORY TRL.
City-St-Zip: AVON PARK, FL 33825

Title: TD (X) Change () Addition
Name: VAN DER LIKE, BARBARA A
Address: 4001 PALOMINO DR.
City-St-Zip: SEBRING, FL 33875

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

Title: VD (X) Change () Addition
Name: HARE, LAURA
Address: P.O. BOX 7725
City-St-Zip: SEBRING, FL 33872

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

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: BARBARA VAN DER LIKE

TD

04/02/2008

Electronic Signature of Signing Officer or Director

Date