2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704681

FILED Apr 06, 2004 Secretary of State

Entity Name: KIWANIS CLUB OF MERRITT ISLAND FLORIDA, INC.

Surrent Principal Place of Business: New Principal Place of Business: 355 MASNOLIA AVE. 32952 3951 GRANDWIEW DRIVE 32952 3952					
MERRITT ISLAND, FL 32952 Current Mailing Address: 1455 MAGNOLIA AVE SUITE A MERRITT ISLAND, FL 32952 MERRITT ISLAND, FL 32952 FEI Number S9-6155156 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Address: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DIFFICERS AND DIRECTORS: DIFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DIFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS TO TITLE: () Change () Addi	Current P	Principal Place of Business:	New Principal Place of	New Principal Place of Business:	
### STRUNK OF LA AVE. ### SUITE A ### WERRITT ISLAND, FL 32952 ### Number: 59-8155156	SUITE A				
MERRITT ISLAND, FL 32952 Name and Address of New Registered Agent: SOLDMAN, PAUL IOI S COURTENAY PKWY MERRITT ISLAND, FL 32952 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: JOHN W. FAUL, DMD Electronic Signature of Registered Agent Date Difficers AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTO Title: S () Delete SIGNATURE: JOHN W. FAUL, DRID Electronic Signature of Registered Agent Difficers AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTO Title: () Change () Addition Name: Address: City-St-Zip: MERRITT ISLAND, FL 32953 City-St-Zip: Title: () Change () Addition Name: Address: Address: Address: SO TAYLOR AWERAL, FL 32920 City-St-Zip: Title: () Change () Addition Name: Address: Address: Address: City-St-Zip: Title: () Change () Addition Name: Address: Address: City-St-Zip: Title: () Change () Addition Name: Address: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: Address: City-St-Zip: Title: () Change () Addition Name: Address: Address: City-St-Zip: Title: () Change () Addition Name: Address: Address: City-St-Zip: Title: () Change () Addition Name: Address: Address: City-St-Zip: Title: ()	Current Mailing Address:		New Mailing Address:	New Mailing Address:	
Name and Address of Current Registered Agent: Common	SUITE A				
GOLDMAN, PAUL IOTS COURTENAY PKWY MERRITT ISLAND, FL 32952 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: JOHN W. FAUL, DMD Electronic Signature of Registered Agent Date OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTO Title: S () Delete Address: 2180 MANSO LANE Address: 2180 MANS	El Number	r: 59-6155156 FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
MERRITT ISLAND, FL 32952 MERRITT ISLAND, FL 32952	Name and	d Address of Current Registered Agent:	Name and Address of N	New Registered Agent:	
## State of Florida. SIGNATURE: JOHN W. FAUL, DMD	101 S COI	URTENAY PKWY	801 GRANDVIEW DRIVE	801 GRANDVIEW DRIVE	
Electronic Signature of Registered Agent Date Difficers AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTO Title: S () Delete Title: () Change () Addition Name: Address: 2180 MANGO LANE Address: City-St-Zip: MERRITT ISLAND, FL 32952 City-St-Zip: Title: T () Delete Title: () Change () Addition Name: Address: 455 MAGNOLIA AVE Address: City-St-Zip: MERRITT ISLAND, FL 32953 City-St-Zip: Title: VP (X) Delete Title: () Change () Addition Name: Address: City-St-Zip: MERRITT ISLAND, FL 32953 City-St-Zip: Title: VP (X) Delete Title: () Change () Addition Name: Address: City-St-Zip: MERRITT ISLAND, FL 32953 City-St-Zip: Title: P (X) Delete Title: () Change () Addition Name: Address: 350 TAYLOR AVE APT B-5 Address: City-St-Zip: Title: D () Delete Title: () Change () Addition Name: Address: 350 TAYLOR AVE APT B-5 Address: Title: D () Delete Title: () Change () Addition Name: Address: 8772 LIVE OAK COURT Address: D () Delete Title: () Change () Addition Name: Address: 8772 LIVE OAK COURT Address: D () Delete Title: () Change () Addition Name: Address: 8772 LIVE OAK COURT Address: D () Delete Title: () Change () Addition Name: Address: 8772 LIVE OAK COURT Address: D () Delete Title: () Change () Addition Name: Address: 8772 LIVE OAK COURT Address: D () Delete Title: () Change () Addition Name: Address: 8772 LIVE OAK COURT Address: D () Delete Title: () Change () Addition Name: Address: 874 MILFORD POINT Address: D () Delete Title: () Change () Addition Name: Address: 845 MILFORD POINT Address:			oose of changing its registered o	office or registered agent, or both,	
DFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTO Title: S () Delete Title: () Change () Addition Name: STRUNK, DR. DAVID Name: Address: 2180 MANGO LANE Address: City-St-Zip: MERRITT ISLAND, FL 32952 City-St-Zip: Title: T () Delete Title: () Change () Addition Name: Address: 455 MAGNOLIA AVE Address: City-St-Zip: MERRITT ISLAND, FL 32953 City-St-Zip: City-St-Zip: Change () Addition Name: HOLFVE, LARS Name: Address: 350 TAYLOR AVE APT B-5 Address: 350 TAYLOR AVE APT B-5 Address: City-St-Zip: CAPE CANAVERAL, FL 32920 City-St-Zip: Title: () Change () Addition Name: MURPHY, CARLA Name: Address: 8772 LIVE OAK COURT Address: 545 MILFORD POINT Address: 54	SIGNATU	RE: JOHN W. FAUL, DMD		04/06/2004	
Title: S		Electronic Signature of Registered Agent		Date	
Name: STRUNK, DR. DAVID	OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Name: FAUL, JOHN	√ame: √ddress:	STRUNK, DR. DAVID 2180 MANGO LANE	Name: Address:) Change ()Addition	
Name: FERRARO, TOM	Name: Nddress:	FAUL, JOHN 455 MAGNOLIA AVE	Name: Address:) Change ()Addition	
Name: HOLFVE, LARS Name: Address: 350 TAYLOR AVE APT B-5 Address: City-St-Zip: CAPE CANAVERAL, FL 32920 City-St-Zip: Title: D () Delete Title: () Change () Addition Name: Address: 8772 LIVE OAK COURT Address: City-St-Zip: CAPE CANAVERAL, FL 32920 City-St-Zip: Title: D () Delete Title: () Change () Addition Name: Address: City-St-Zip: CAPE CANAVERAL, FL 32920 City-St-Zip: City-St-Zip: City-St-Zip: CAPE CANAVERAL, FL 32920 City-St-Zip: City-St-Zip: CAPE CANAVERAL, FL 32920 City-St-Zip: City-St-Zip: City-St-Zip: CAPE CANAVERAL, FL 32920 City-St-Zip:	Name: Nddress:	FERRARO, TOM 1450 N. COURTENAY PRKWY #34	Name: Address:) Change ()Addition	
Name: MURPHY, CARLA Name: Address: 8772 LIVE OAK COURT Address: City-St-Zip: CAPE CANAVERAL, FL 32920 City-St-Zip: Title: D () Delete Title: () Change () Addition Name: JAWOROWSKI, RUTH Name: Address: 545 MILFORD POINT Address:	Name: Nddress:	HOLFVE, LARS 350 TAYLOR AVE APT B-5	Name: Address:) Change ()Addition	
Name: JAWOROWSKI, RUTH Name: Address: 545 MILFORD POINT Address:	√ame: √ddress:	MURPHY, CARLA 8772 LIVE OAK COURT	Name: Address:) Change ()Addition	
	lame: \ddress:	JAWOROWSKI, RUTH 545 MILFORD POINT	Name: Address:) Change ()Addition	

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: JOHN W. FAUL, DMD TREA 04/06/2004