

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.

Current Principal Place of Business:

455 MAGNOLIA AVE.
SUITE A
MERRITT ISLAND, FL 32952

New Principal Place of Business:

801 GRANDVIEW DRIVE
MERRITT ISLAND, FL 32952

Current Mailing Address:

455 MAGNOLIA AVE.
SUITE A
MERRITT ISLAND, FL 32952

New Mailing Address:

801 GRANDVIEW DRIVE
MERRITT ISLAND, FL 32952

FEI Number: 59-6155156

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLDMAN, PAUL
101 S COURTENAY PKWY
MERRITT ISLAND, FL 32952

Name and Address of New Registered Agent:

FAUL, JOHN W DMD
801 GRANDVIEW DRIVE
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

04/06/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: STRUNK, DR. DAVID
Address: 2180 MANGO LANE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: T () Delete
Name: FAUL, JOHN
Address: 455 MAGNOLIA AVE
City-St-Zip: MERRITT ISLAND, FL 32953

Title: VP (X) Delete
Name: FERRARO, TOM
Address: 1450 N. COURTENAY PRKWY #34
City-St-Zip: MERRITT ISLAND, FL 32953

Title: P (X) Delete
Name: HOLFVE, LARS
Address: 350 TAYLOR AVE APT B-5
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: D () Delete
Name: MURPHY, CARLA
Address: 8772 LIVE OAK COURT
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: D () Delete
Name: JAWOROWSKI, RUTH
Address: 545 MILFORD POINT
City-St-Zip: MERRITT ISLAND, FL 32952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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

Electronic Signature of Signing Officer or Director

Date