2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE: DAVID STRUUK

Jan 17, 2008 8:00 am **Secretary of State DOCUMENT #704681** 01-17-2008 90023 037 ****61.25 KIWÁNIS CLUB OF MERRITT ISLAND FLORIDA, INC. Principal Place of Business Mailing Address **801 GRANDVIEW DRIVE** KIWANIS ISLAND PARK MERRITT ISLAND, FL 32952 MERRITT ISLAND, FL 32952 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01082008 Cha-NP CR2E037 (12/06) 4. FEI Number 59-6155156 City & State City & State Applied For Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FAUL, JOHN W DMD Street Address (P.O. Box Number is Not Acceptable) **801 GRANDVIEW DRIVE** MERRITT ISLAND, FL 32952 Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Trust Fund Contribution П Due by May 1, 2008 Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Delete TITLE SEC/TREAS ☐ Addition STRUNK, DR. DAVID NAME NAME STREET ADDRESS 2180 MANGO LANE STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND, FL 32952 CITY-ST-ZIP Addition TITLE ☐ Delete TITLE PRES FAUL, JOHN NAME NAME STREET ADDRESS 455 MAGNOLIA AVE STREET ADDRESS MERRITT ISLAND, FL 32953 CITY-ST-7fP CITY-ST-ZIP Delete TITLE TITLE Addition NAME MURPHY, CARLA NAME APRIL BALHER STREET ADDRESS 8772 LIVE OAK COURT STREET ADDRESS 30 GRANADA AVE CITY-ST-ZIP CAPE CANAVERAL, FL 32920 CITY-ST-ZIP 3295Z TITLE ☐ Delete TITLE Change Addition JAWOROWSKI, RUTH NAME NAME 545 MILEORD POINT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND, FL 32952 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED