2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705170

FILED Apr 22, 2009 Secretary of State

Entity Name: KIWANIS CLUB OF MIDTOWN TAMPA, INC.

Current Principal Place of Business: New Principal Place of Business: P.O. BOX 532 ONE TAMPA GENERAL CIRCLE TAMPA, FL 33601 TAMPA, FL 33606 **Current Mailing Address: New Mailing Address:** ONE TAMPA GENERAL CIRCLE P.O. BOX 532 TAMPA, FL 33601 TAMPA, FL 33606 FEI Number: 59-0980083 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PETERSON, RONALD J. 4622 WESTFORD CR TAMPA, FL 33624 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete RUTH. ANGELA KOEHLER, MARTHA KAYE Name: Name: 10706 N ROME AVENUE Address: 4626 W. SAN JOSE Address: City-St-Zip: TAMPA, FL 33612 City-St-Zip: TAMPA, FL 336629 Title: () Delete Title: () Change () Addition CARRAWAY, J. FRAZIER Name: Name: Address: 48 ALBEMARLE Address: City-St-Zip: TAMPA, FL City-St-Zip: Title: () Delete Title: () Change () Addition FARRIS, DONALD Name: Name: 5507 LEGACY CRESCENT PL #201 Address: Address: City-St-Zip: RIVERVIEW, FL 335692819 City-St-Zip: Title: SD () Delete Title: () Change () Addition Name: PETERSON, RONALD J. Name: 4622 WESTFORD CIRCLE Address: Address: City-St-Zip: TAMPA, FL City-St-Zip: Title: () Delete Title: () Change () Addition JAKES, FRANK Name: Name: 403 E. MADISON STE. 400 Address: Address: City-St-Zip: TAMPA, FL 33602 City-St-Zip: Title: () Delete Title: () Change () Addition LASH, THOMAS Name: Name: Address: 201 E. KENNETH BLVD. STE. 600 Address: TAMPA, FL 33602 City-St-Zip: 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: RONALD J PETERSON SD 04/22/2009