2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707512

FILED Mar 21, 2009 Secretary of State

Entity Name: KIWANIS CLUB OF FORT MYERS-EDISON, INC.

Current Principal Place of Business: New Principal Place of Business:

1634 WOODFORD STREET FORT MYERS, FL 33901

Current Mailing Address: New Mailing Address:

P.O. DRAWER 2736 P.O. BOX 764

% G.G. SMART FORT MYERS, FL 33902 FORT MYERS, FL 33902

FEI Number: 59-6168910 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:

SMART, GERALD G WOOLSTON, JOHN F

18520 TELEGRAPH CREEK LANE 18561 TELEGRAPH CREEK LANE

FT MYERS, FL FT MYERS, FL

ALVA, FL 33920 US ALVA, FL 33920 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: JOHN F. WOOLSTON 03/21/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition WOOLSTON, KATHLEEN WOOLSTON, KATHLEEN Name: Name: PO BOX 50338 Address: 18561 TELEGRAPH CREEK LANE Address:

City-St-Zip: FT MYERS, FL 33994 City-St-Zip: ALVA, FL 33920

Title: Title: (X) Change () Addition () Delete SEGEL, HARRIS Name: HOGAN, DILMUS D Name:

Address: 2049 MARAVILLA CIR Address: 5850 JEFFREY LANE City-St-Zip: FT MYERS, FL 33901 City-St-Zip: FT MYERS, FL 33907

Title: () Delete Title: () Change () Addition

WOOD, JAMES Name: Name: 2472 FOWLER ST Address: Address: City-St-Zip: FORT MYERS, FL 33901 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

Name: STILES, CHARLES Name: STILES, CHARLES 9788 SPYGLASS CT 9788 SPYGLASS CT Address: Address:

City-St-Zip: NORTH FORT MYERS, FL 33903 City-St-Zip: NORTH FORT MYERS, FL 33903

Title: (X) Delete Title: () Change () Addition

WERNER, JAMES Name: Name: 5372 MAYNARD STREET Address: Address: City-St-Zip: FORT MYERS, FL 33905 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: DILMUS D. HOGAN Т 03/21/2009