

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 04, 2009
Secretary of State**

DOCUMENT# 709246

Entity Name: KIWANIS CLUB OF ROCKLEDGE, INC.

Current Principal Place of Business:

STEVE WILSON
36343 SHELLIE CT.
COCOA, FL 32926 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 560427
ROCKLEDGE, FL 329560427 US

New Mailing Address:

FEI Number: 59-6168944 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, STEVE
3634 SHELLIE CT.
COCOA, FL 32926 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: ROLL, LEE
Address: 1400 HOY LAKE CT.
City-St-Zip: ROCKLEDGE, FL 32955

Title: S () Delete
Name: WILSON, STEVE
Address: 3634 SHELLIE CT.
City-St-Zip: COCOA, FL 32926

Title: T () Delete
Name: JARVIS, DARLENE
Address: 900 BARRIS LANE
City-St-Zip: ROCKLEDGE, FL 32955

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:

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: STEVE WILSON

S

02/04/2009

Electronic Signature of Signing Officer or Director

_____ Date