

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710874

FILED
Apr 27, 2009
Secretary of State

Entity Name: KIWANIS CLUB OF MULBERRY, FLORIDA, INC.

Current Principal Place of Business:

211-13 NW 1ST AVE.
P. O. BOX 222
MULBERRY, FL 33860

New Principal Place of Business:

Current Mailing Address:

211-13 NW 1ST AVE.
P. O. BOX 222
MULBERRY, FL 33860

New Mailing Address:

FEI Number: 59-6152257

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOWARD, STEPHEN D
3992 LAUREL CREST DR
MULBERRY, FL 33860 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: JONES, SHARRON
Address: 1209 SPINAKER DR.
City-St-Zip: LAKELAND, FL 33805

Title: D () Delete
Name: WILLS, JANICE
Address: 3980 EDDIE DR.
City-St-Zip: MULBERRY, FL 33860

Title: ST () Delete
Name: HOWARD, STEPHEN D
Address: 3992 LAUREL CREST DR
City-St-Zip: MULBERRY, FL 33860

Title: D () Delete
Name: STOUGH, GEORGE
Address: 1057 COLONY PARK DR
City-St-Zip: LAKELAND, FL 33813

Title: D () Delete
Name: BORDERS, MICHAEL
Address: 1501 SHEPHERD RD. APT. 127
City-St-Zip: LAKELAND, FL 33811

Title: D () Delete
Name: DRIVER, RAY
Address: 5923 TOPHER TRAIL
City-St-Zip: MULBERRY, FL 33860

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
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: STEPHEN D. HOWARD

ST

04/27/2009

Electronic Signature of Signing Officer or Director

Date