2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# 712543

Entity Name: KIWANIS CLUB OF MOUNT DORA, FLORIDA, INC.

Current Principal Place of Business:

C/O LAKESIDE INN
100 NORTH ALEXANDER STREET
MOUNT DORA, FL 32757 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1277
PO BOX 1277
MOUNT DORA, FL 32756 US

New Mailing Address:

FEI Number: 59-6158904 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEPHENS, TOMMY E
179 BAY RD.
MOUNT DORA, FL 32751 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: FETNER, AARON
Address: 1620 DORSET DR
City-St-Zip: MOUNT DORA, FL 32757

Title: ATD ( ) Delete
Name: STEPHENS, TOMMY E
Address: 936 FAIRVIE AVE
City-St-Zip: MOUNT DORA, FL 32757

Title: D ( ) Delete
Name: MERRELL, BEEBE
Address: PO BOX 874
City-St-Zip: MT. DORA, FL 32757

Title: TD ( ) Delete
Name: MCCULLOUGH, SCOTT
Address: 1150 GROVE LANE
City-St-Zip: MOUNT DORA, FL 32757

Title: P ( ) Delete
Name: ROOT, RICHARD
Address: 501 JUNIPER WAY
City-St-Zip: TAVARES, FL 32778

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: BUSH, CHARLES
Address: 100 S. TREMAIN ST
City-St-Zip: MOUNT DORA, FL 32757

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: P (X) Change ( ) Addition
Name: WALKER, T. SCOTT
Address: 210 WEST 11TH AVE
City-St-Zip: MOUNT DORA, FL 32757

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: R. SCOTT MCCULLOUGH TR 04/29/2009

Electronic Signature of Signing Officer or Director — Date