

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713465

FILED
Apr 04, 2009
Secretary of State

Entity Name: KIWANIS CLUB OF GREATER WEST PASCO, INC.

Current Principal Place of Business:

12014 PENZANCE LANE
NEW PORT RICHEY, FL 34654 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1716
NEW PORT RICHEY, FL 34656

New Mailing Address:

FEI Number: 59-6214634

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KING, JANE L
12014 PENZANCE LANE
NEW PORT RICHEY, FL 34654 US

Name and Address of New Registered Agent:

GONZALEZ, CATALINA L
17508 QUEENSLAND ST
LAND O LAKES, FL 34638 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: CATALINA GONZALEZ

04/04/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SAGUIL, AMANDA M
Address: 7136 LAKE MAGNOLIA DRIVE, APT C
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: VP/S () Delete
Name: BURNSIDE, WANDA C
Address: 2126 LARISSA COURT
City-St-Zip: TRINITY, FL 34655

Title: T () Delete
Name: SASSANO, ANTHONY
Address: P.O. BOX 7287
City-St-Zip: HUDSON, FL 34654 US

Title: D () Delete
Name: BURKE, THOMAS A
Address: 4936 US 19
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D () Delete
Name: KING, JANE L
Address: 12014 PENZANCE LANE
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: D () Delete
Name: MOLL, MILTON M
Address: 15726 BRENDA STREET
City-St-Zip: HUDSON, FL 34668

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: LTG (X) Change () Addition
Name: SAGUIL, AMANDA M
Address: 7136 LAKE MAGNOLIA DRIVE, APT C
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: P (X) Change () Addition
Name: BURNSIDE, WANDA C
Address: 2126 LARISSA COURT
City-St-Zip: TRINITY, FL 34655

Title: T (X) Change () Addition
Name: GONZALEZ, CATALINA
Address: 17508 QUEENSLAND ST
City-St-Zip: LAND O LAKES, FL 34638 US

Title: VP (X) Change () Addition
Name: BURKE, THOMAS A
Address: 4936 US 19
City-St-Zip: NEW PORT RICHEY, FL 34652

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: CATALINA GONZALEZ

T

04/04/2009

Electronic Signature of Signing Officer or Director

Date