2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Apr 30, 2007 8:00 am Secretary of State **DOCUMENT #719186** 04-30-2007 90431 031 ****61.25 KIWANIS CLUB OF JUPITER-TEQUESTA, INCORPORATED Principal Place of Business Mailing Address P.O. BOX 4144 40000*~ P.O. BOX 4144 TEQUESTA, FL 33469 TEQUESTA, FL 33469 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01152007 Chg-NP CR2E037 (12/06) 4. FEI Number 59-6151464 Applied For City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **FUSARO, EUGENE D** 16607 NARROWS DR Street Address (P.O. Box Number is Not Acceptable) JUPITER, FL 33477 City Zip Code FL 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Change . ☐ Addition TITLE ☐ Detete MLE USARO EUGENE D. FUSARO, EUGENE D NAME NAME 16607 NARROWS DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33477 CITY-ST-77P Delete Change Addition TITLE TITLE NAME ELLIOTT, WILLIAM NAME 45 LAUREL OAK CIRCLE 35 EAST STREET ADDRESS STREET ADDRESS PARK DR. CITY-ST-ZIP JUPITER, FL 33469 CITY-ST-ZIP Delete Change Addition TITLE TITLE GEHRING, KLIF 3801 PGA BLVD. HAGER, DEBBI NAME NAME 431 JUPITER LAKES BLVD STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS, FL 33410 JUPITER, FL 33458 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITI F ☐ Change ☐ Addition GRIVJACK, MARTIN MAME NAME STREET ADDRESS 17114 123 TERR N STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33478 CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE PADGETT, SUSAN NAME NAME STREET ADDRESS 764 SW TAMARRO PL STREET ADDRESS CITY-ST-ZIP STUART, FL 34997 CITY-ST-ZIP Delete TITLE ☐ Change Addition ΠLF JACOBSON, RON NAME HOROWITZ, RONNIE B NAME 5416 OLD FORT JUPITER ROAD JUPITER, FL 33458 STREET ADDRESS 6420 LONGLEAF PINE STREET ADDRESS JUPITER, FL 33458 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TREASURER

FILED

*5*61. 744. 6098