2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 15, 2008 8:00 am Secretary of State

DOCUMENT # 719186 1. Entity Name KIWANIS CLUB OF JUPITER-TEQUESTA, INCORPORATED							2-15-2008	_			
Principal Plac P.O. BOX 41 TEQUESTA, F	44	Mailing Address P.O. BOX 4144 TEQUESTA, FL 33469	P.O. BOX 4144			- 		141 115 4 1114 11		NI c i el 1881	
·	tace of Business - No P.O. Box #	3. Mailing Address									
Suite, Apt.		Suite, Apt. #, etc.					Chg-NP	CR2E0	37 (12/06)		
City & State		City & State				4. FEI Number 59-61514	164		No	pplied For at Applicable	
Zip	Country	Zip	Coun	Country		5. Certificate of			\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name						
FUSARO, EUGENE D 16607 NARROWS DR JUPITER, FL 33477				Street Address (P.O. Box Number is Not Acceptable)							
				City	FL Zip Code						
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 the obligations of registered agent. SIGNATURE Signature, type-of printed name of registered agent and tifle if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									and accept		
Filing Fee is \$61.25 Due by May 1, 2008 9. Election Campaign Fina Trust Fund Contribution					-	\$5.00 May Be Added to Fees	ĘI		k payable to		
10.	OFFICERS AND DIF		11.	-		ADDITIONS/CHAN	IGES TO OFFIC	ERS AND D	IRECTORS IN		
TITLE " NAME	P FUSABO ELICENE D	DE Delete FUSARO, EUGENE D			CILLOY SHEPPARD			☐ Change	Addition		
STREET ADDRESS	16607 NARROWS DR.		NAME STREET	STREET ADDRESS (3)		SW. INDIANTOWN RD.				ſ	
CITY-ST-ZIP	JUPITER, FL 33477		CITY-ST-ZIP		Jup	PITER, FL 33458					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FUSARO, EUGENE D NA 16607 NARROWS DR. ST		TITLE NAME STREET	T ADDRESS	P Ros 5410	SERT HOLOWITZ 6 OLD FORT JUDITER RO. FITEL FL 33455			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delate KEELOR, MARY 235 EAST RIVER PARK DR. BUPITER, FL 33477		TITLE NAME STREET CITY-S	T ADDRESS	D DEGGI HAGER 1029 HALF MOON CIRCLE JUDITER; FL 35458		E	☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRIVJACK, MARTIN 17114 123 TERR N JUPITER, FL 33478	☐ Delete	TITLE NAME STREET CITY-S	r address	VP Roma 5416	DIS PORTJUDITZ DIS PORTJUDITER RD. TER, FL 33458		☐ Change	A Modition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PADGETT, SUSAN 764 SW TAMARRO PL STUART, FL 34997	☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEHRING, KLIF 3801 PGA BLVD. PALM BEACH GARDENS, FL 3:	Delete 3410	TITLE NAME STREET CITY-S	T ADDRESS					☐ Change	Addition	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/08

521-748-9050

ate

Daytime Phone #