


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-15-2008 90008 023 ****61.25

DOCUMENT # 719186					
1. Entity Name KIWANIS CLUB OF JUPITER-TEQUESTA, INCORPORATED					
Principal Place of Business P.O. BOX 4144 TEQUESTA, FL 33469			Mailing Address P.O. BOX 4144 TEQUESTA, FL 33469		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 59-6151464	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FUSARO, EUGENE D 16607 NARROWS DR JUPITER, FL 33477			Name		
			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 accept the obligations of registered agent.					
SIGNATURE <u>Eugene D. Fusaro</u>				DATE <u>2/12/08</u>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE -	P	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FUSARO, EUGENE D		NAME	CINDY SHEPPARD	
STREET ADDRESS	16607 NARROWS DR.		STREET ADDRESS	1315W. INDIANTOWN RD.	
CITY-ST-ZIP	JUPITER, FL 33477		CITY-ST-ZIP	JUPITER, FL 33458	
TITLE	D	<input type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FUSARO, EUGENE D		NAME	ROBERT HOROWITZ	
STREET ADDRESS	16607 NARROWS DR.		STREET ADDRESS	5416 OLD FORT JUPITER RD.	
CITY-ST-ZIP	JUPITER, FL 33477		CITY-ST-ZIP	JUPITER, FL 33458	
TITLE	P	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEELOR, MARY		NAME	DEBBI HAGER	
STREET ADDRESS	235 EAST RIVER PARK DR.		STREET ADDRESS	1029 HALF MOON CIRCLE	
CITY-ST-ZIP	JUPITER, FL 33477		CITY-ST-ZIP	JUPITER, FL 33458	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRIVJACK, MARTIN		NAME	RONNIE HOROWITZ	
STREET ADDRESS	17114 123 TERR N		STREET ADDRESS	5416 OLD FORT JUPITER RD.	
CITY-ST-ZIP	JUPITER, FL 33478		CITY-ST-ZIP	JUPITER, FL 33458	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PADGETT, SUSAN		NAME		
STREET ADDRESS	764 SW TAMARRO PL		STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 34997		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEHRING, KLIF		NAME		
STREET ADDRESS	3801 PGA BLVD.		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		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: <u>Carrie A. [Signature]</u>				DATE <u>2/12/08</u> DAYTIME PHONE # <u>561-748-9050</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	