

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719186

FILED
Jan 20, 2009
Secretary of State

Entity Name: KIWANIS CLUB OF JUPITER-TEQUESTA, INCORPORATED

Current Principal Place of Business:

P.O. BOX 4144
TEQUESTA, FL 33469

New Principal Place of Business:

5416 OLD FORT JUPITER BVLD
JUPITER, FL 33458

Current Mailing Address:

P.O. BOX 4144
TEQUESTA, FL 33469

New Mailing Address:

FEI Number: 59-6151464 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FUSARO, EUGENE D
16607 NARROWS DR
JUPITER, FL 33477 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: T () Delete
Name: SHEPPARD, CINDY
Address: 1315 W INDIANTOWN RD
City-St-Zip: JUPITER, FL 33458

Title: D () Delete
Name: FUSARO, EUGENE D
Address: 16607 NARROWS DR.
City-St-Zip: JUPITER, FL 33477

Title: P () Delete
Name: KEELOR, MARY
Address: 235 EAST RIVER PARK DR.
City-St-Zip: JUPITER, FL 33477

Title: SD () Delete
Name: GRIVJACK, MARTIN
Address: 17114 123 TERR N
City-St-Zip: JUPITER, FL 33478

Title: D () Delete
Name: PADGETT, SUSAN
Address: 764 SW TAMARRO PL
City-St-Zip: STUART, FL 34997

Title: P () Delete
Name: HOROWITZ, ROBERT
Address: 5416 OLD FORT JUPITER RD
City-St-Zip: JUPITER, FL 33458

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: () Change () Addition
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Address:
City-St-Zip:

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: CINDY L SHEPPARD

Electronic Signature of Signing Officer or Director

TREA

01/20/2009

_____ Date