

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721566

FILED  
Apr 09, 2009  
Secretary of State

**Entity Name:** KIWANIS CLUB OF COCOA, FLORIDA, ACTIVITIES FUND, INC.

**Current Principal Place of Business:**

P.O. BOX 1121  
COCOA, FL 32923

**New Principal Place of Business:**

430 DELANOY AVE  
COCOA, FL 32923

**Current Mailing Address:**

P.O. BOX 1121  
COCOA, FL 32923

**New Mailing Address:**

**FEI Number:** 23-7160364

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BARTALOT, THOMAS W  
1838 BARRINGTON CR  
ROCKLEDGE, FL 32955 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: P ( ) Delete  
Name: WRIGHT, IDA  
Address: 7240 NW #106  
City-St-Zip: COCOA, FL 32926

Title: D ( ) Delete  
Name: BARFIELD, CHARLES  
Address: 1004 JERSEY STREET  
City-St-Zip: PT. ST. JOHN, FL 32927

Title: BOD ( ) Delete  
Name: WATSON, VIC  
Address: 4760 BRENTWOOD DR  
City-St-Zip: COCOA, FL 32927

Title: D ( ) Delete  
Name: MEADOWS, DAN  
Address: 653 BREVARD AVE  
City-St-Zip: COCOA, FL 32922

Title: T ( ) Delete  
Name: BARTALOT, TOM  
Address: 1838 BARRINGTON CR  
City-St-Zip: ROCKLEDGE, FL 32955

Title: P ( ) Delete  
Name: EZEKIAL, CLIFTON  
Address: 805 CLIFTON COVE CT  
City-St-Zip: COCOA, FL 32926

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MITCHELL, CINDY  
Address: 963 NELE AVE  
City-St-Zip: PALM BAY, FL 32907

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  
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: THOMAS W BARTALOT

TREA

04/09/2009

Electronic Signature of Signing Officer or Director

Date