

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725302

FILED
Mar 13, 2007
Secretary of State

Entity Name: THE KIWANIS CLUB OF SPRING HILL, FLORIDA, INC.

Current Principal Place of Business:

P O BOX 6245
SPRINGHILL, FL 34606 US

New Principal Place of Business:

1202 KENLAKE AVE
SPRINGHILL, FL 34606 US

Current Mailing Address:

P O BOX 6245
SPRINGHILL, FL 34606 US

New Mailing Address:

FEI Number: 23-7171373 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PATTERSON, CLINT
5332 PATRICIA PLACE
SPRINGHILL, FL 34607 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: JACKSON, MICHAEL
Address: 3978 PUFFER TRACE
City-St-Zip: SPRING HILL, FL 34609

Title: PE () Delete
Name: JOHNSON, ALFRED
Address: 1335 GILPIN AVE
City-St-Zip: SPRING HILL, FL 34608

Title: VP () Delete
Name: EDMISTEN, CATHY
Address: 6090 JOANN CT
City-St-Zip: SPRINGHILL, FL 34609

Title: S () Delete
Name: BOOTHBY, RICHARD
Address: 14210 EASTMOUNT RD
City-St-Zip: SPRING HILL, FL 34609

Title: T () Delete
Name: ATEN, JAMES
Address: 13197 WHITMARSH STREET
City-St-Zip: SPRING HILL, FL 34609

Title: D () Delete
Name: GAULA, DONNA
Address: 3116 MARSHALL AVE
City-St-Zip: SPRING HILL, FL 34609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JOHNSON, ALFRED
Address: 1335 GILPIN AVE
City-St-Zip: SPRING HILL, FL 34608

Title: VP (X) Change () Addition
Name: LANGO, JOHN
Address: 11071 HEATHROW
City-St-Zip: SPRING HILL, FL 34609

Title: PE (X) Change () Addition
Name: EDMISTEN, CATHY
Address: 6090 JOANN CT
City-St-Zip: SPRINGHILL, FL 34609

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 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: JAMES ATEN

T

03/13/2007

Electronic Signature of Signing Officer or Director

Date