

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726329

FILED
Apr 30, 2008
Secretary of State

Entity Name: KIWANIS CLUB OF LONGBOAT KEY, INC.

Current Principal Place of Business:

1211 GULF OF MEXICO DR
APT 1006
LONGBOAT KEY, FL 34228 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 8097
LONGBOAT KEY, FL 34228

New Mailing Address:

FEI Number: 23-7176844

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELISI, V M
1211 GULF OF MEXICO DR
SUITE 1006
LONGBOAT KEY, FL 34228 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: VP () Delete
Name: WALSH, MATT
Address: 1090 BOGEY LN
City-St-Zip: LONGBOAT KEY, FL 34228

Title: D () Delete
Name: RAGHEB, SAMIR
Address: 70165 BAYSIDE DR
City-St-Zip: LONGBOAT KEY, FL 34228

Title: S () Delete
Name: WHATMOUGH, JEREMY
Address: 6171 GMD
City-St-Zip: LONGBOAT KEY, FL 34228

Title: D () Delete
Name: FEOLE, BEN
Address: 640 LINLEY ST
City-St-Zip: LONGBOAT KEY, FL 34228

Title: P (X) Delete
Name: KARY, KELLY
Address: 795 MARBURY LN
City-St-Zip: LONGBOAT KEY, FL 34228

Title: T (X) Delete
Name: KARY, WILLIAM
Address: 795 MARBURY LN
City-St-Zip: LONGBOAT KEY, FL 34228

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WALSH, MATT
Address: 1090 BOGEY LN
City-St-Zip: LONGBOAT KEY, FL 34228

Title: VP (X) Change () Addition
Name: DELISI, VINCENT
Address: 1211 GULF OF MEXICO DRIVE SUITE 1006
City-St-Zip: LONGBOAT KEY, FL 34228

Title: TR (X) Change () Addition
Name: KARY, WILLIAM
Address: 795 MARBURY LANE
City-St-Zip: LONGBOAT KEY, FL 34228

Title: SEC (X) Change () Addition
Name: WILD, JOHN
Address: 854 EVERGREEN WAY
City-St-Zip: LONGBOAT KEY, FL 34228

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: WM KARY

TR

04/30/2008

Electronic Signature of Signing Officer or Director

Date