

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730454

FILED
Apr 14, 2009
Secretary of State

Entity Name: KIWANIS CLUB OF FORT MYERS SOUTH, FLORIDA, INC.

Current Principal Place of Business:

14611 GLEN COVE DRIVE #1402
FT MYERS, FL 33919 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 60273
FT MYERS, FL 33906 US

New Mailing Address:

FEI Number: 23-7273390

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMS, TODD P
14611 GLEN COVE DRIVE #1402
FORT MYERS, FL 33919 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: SD () Delete
Name: ADAMS, TODD
Address: 14611 GLEN COVE DR, 1402
City-St-Zip: FORT MYERS, FL 33919

Title: PD () Delete
Name: HESS, STEVE
Address: 6441 EMERALD PINES CIRCLE
City-St-Zip: FORT MYERS, FL 33912

Title: SD () Delete
Name: MOEGGENBERG, GEORGE
Address: 1442 DUBONNET CT
City-St-Zip: FORT MYERS, FL 33919

Title: PED () Delete
Name: THOMPSON, LYNN
Address: 20801 GROVELINE CT
City-St-Zip: ESTERO, FL 33928

Title: T () Delete
Name: HACKENYOS, D. MAX
Address: 6572 WILLOW LAKE DR
City-St-Zip: FORT MYERS, FL 33912

Title: D () Delete
Name: THORNQUIST, TOM
Address: 1624 PINE VALLEY DR. #206
City-St-Zip: FORT MYERS, FL 33907

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: PED (X) Change () Addition
Name: SMILEY, RACHEL
Address: 1250 HALL ROAD #604
City-St-Zip: N FORT MYERS, FL 33903

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: TODD P ADAMS

S

04/14/2009

Electronic Signature of Signing Officer or Director

Date