

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735326

FILED
Apr 21, 2009
Secretary of State

Entity Name: KIWANIS CLUB OF NICEVILLE/VALPARAISO, FLORIDA, INC.

Current Principal Place of Business:

100 COLLEGE BOULEVARD
C/O OKALOOSA WALTON COLLEGE
NICEVILLE, FL 32578 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1012
NICEVILLE, FL 325888012 US

New Mailing Address:

FEI Number: 59-1617037

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSS, PETER A
583 EAST TIMBERLAKE DR
MARY ESTHER, FL 32569 US

Name and Address of New Registered Agent:

ROSS, PETER
583 EAST TIMBERLAKE DR
MARY ESTHER, FL 32569 US

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: PETER ROSS

04/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROSS, HU
Address: 130 BAYWIND DRIVE
City-St-Zip: NICEVILLE, FL 32578

Title: S () Delete
Name: ROSS, PETER A
Address: 829 ST. KITTS COVE
City-St-Zip: NICEVILLE, FL 32578

Title: T () Delete
Name: BAUGH, BOBBY G
Address: 1000 JULIE AVE
City-St-Zip: NICEVILLE, FL

Title: D (X) Delete
Name: MAYO, GLORIA
Address: 8258 ST. PIERRE COVE
City-St-Zip: NICEVILLE, FL 32578

Title: S (X) Delete
Name: WOLLARD, MARIBETH
Address: 215 GALWAY DR
City-St-Zip: NICEVILLE, FL 32578

Title: D (X) Delete
Name: HOFFMAN, JAN
Address: 110 DARTMOUTH WAY
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DAVIS, MICHAEL
Address: 317 SABAL PALM DR
City-St-Zip: NICEVILLE, FL 32578

Title: S (X) Change () Addition
Name: DAVIS, KIMBERLY
Address: 317 SABAL PALM DR
City-St-Zip: NICEVILLE, FL 32578

Title: T (X) Change () Addition
Name: BRUNKOW, WILLIAM
Address: 732 PRESTWICK
City-St-Zip: NICEVILLE, FL

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: MICHAEL DAVIS

PRES

04/21/2009

Electronic Signature of Signing Officer or Director

Date