

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736917

FILED  
Jan 14, 2009  
Secretary of State

Entity Name: KIWANIS CLUB OF COUNTRYSIDE, CLEARWATER, FLORIDA, INC.

**Current Principal Place of Business:**

C/O CHARLES R. HILLEBOE  
2790 SUNSET POINT RD  
CLEARWATER, FL 34619

**New Principal Place of Business:**

**Current Mailing Address:**

POB 1855  
OLDSMAR, FL 346771855

**New Mailing Address:**

FEI Number: 59-1644320

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HILLEBOE, CHARLES R.  
2790 SUNSET POINT RD  
CLEARWATER, FL 34619 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: NELSON, JOHN  
Address: 2818 MEADOW HILL DRIVE  
City-St-Zip: CLEARWATER, FL 33761

Title: P ( ) Delete  
Name: DICK, LUCE  
Address: 2976 BUXTON COURT  
City-St-Zip: CLEARWATER, FL 33761

Title: S ( ) Delete  
Name: GREER, WILLIAM T  
Address: 769 RUSTIC OAKS  
City-St-Zip: PALM HARBOR, FL 34684

Title: SEC ( ) Delete  
Name: GREER, WILLIAM T  
Address: 769 RUSTIC OAKS  
City-St-Zip: PALM HARBOR, FL 34684

Title: T ( ) Delete  
Name: PALMISANO, DANIEL A  
Address: 2043 DENMARK ST. #11  
City-St-Zip: CLEARWATER, FL 33763

Title: T ( ) Delete  
Name: PALMISANO, DANIEL A  
Address: 2043 DENMARK ST #11  
City-St-Zip: CLEARWATER, FL 33763

**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: ( ) 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: DALE THOMPSON

CFO

01/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date