

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 741221

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** KIWANIS CLUB OF FLAGLER/PALM COAST, INC.

**Current Principal Place of Business:**

6 FOLCROFT LANE  
PALM COAST, FL 32137 US

**New Principal Place of Business:**

**Current Mailing Address:**

6 FOLCROFT LANE  
PALM COAST, FL 32137 US

**New Mailing Address:**

**FEI Number:** 51-0219120

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RUARK, ROBERT T  
6 FOLCROFT LANE  
PALM COAST, FL 32137 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: DP  
Name: KLINKENBERG, BILL  
Address: 3 FILBERT LANE  
City-St-Zip: PALM COAST, FL 32127

Title: VPP  
Name: ELDREDGE, DAVID S  
Address: 119 FORSYTHE LANE  
City-St-Zip: PALM COAST, FL 32137

Title: DT  
Name: RUARK, ROBERT T  
Address: 6 FOLCROFT LANE  
City-St-Zip: PALM COAST, FL

Title: TS  
Name: MOSER, CHERYL  
Address: 12 ROXLAND LANE  
City-St-Zip: PALM COAST FLORIDA, FL 32164

Title: V  
Name: JONES, AL  
Address: 2 WINGATE PLACE  
City-St-Zip: PALM COAST, FL 32164

Title: V  
Name: USHER, HARRY  
Address: 268 OSPREY LN  
City-St-Zip: FLAGLER BEACH, FL 32136

I hereby 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 all other like empowered.

SIGNATURE: ROBERT T RUARK

TRES

04/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date