

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746330

FILED
Jan 04, 2010
Secretary of State

Entity Name: KIWANIS CLUB OF HOMOSASSA SPRINGS, INC.

Current Principal Place of Business:

BELLA OASIS
4076 S. SUNCOAST BLVD.
HOMOSASSA SPRINGS, FL 34446 US

New Principal Place of Business:

BELLA OASIS
4076 S. SUNCOAST BLVD.
HOMOSASSA SPRINGS, FL 34447 US

Current Mailing Address:

P O BOX 1310
HOMOSASSA SPRINGS, FL 34447 US

New Mailing Address:

FEI Number: 36-1327510 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LANGGUTH, GEORGE F
5545 BENCHMARK LN.
SANFORD, FL 32773 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: P
Name: STRIEGL, HENRY
Address: 11781 W. FISHERMAN LANE
City-St-Zip: HOMOSASSA, FL 34448 US

Title: PE
Name: ASHLEY, WANDA
Address: 9299 W. SPRING COVE RD
City-St-Zip: HOMOSASSA, FL 34448 US

Title: VP W
Name: STOKLEY, MICHAEL
Address: 5128 S. SWIFTWATER WAY
City-St-Zip: HOMOSASSA, FL 34448 US

Title: S/D
Name: WHITAKER, MARK
Address: 18 BYRSONIMA CT
City-St-Zip: HOMOSASSA, FL 34446 US

Title: T
Name: HARRIS, JAMES
Address: 10 ENCLAVE PT S
City-St-Zip: HOMOSASSA, FL 34446 US

Title: D
Name: SIEGEL, RALPH
Address: 57 LINDER DR
City-St-Zip: HOMOSASSA, FL 34446 US

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: JAMES F. HARRIS

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01/04/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date