2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747165

FILED Mar 06, 2009 Secretary of State

Entity Name: KIWANIS CLUB OF SEMINOLE SUNRISE, SANFORD, FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business: 114 N. PARK AVE. 114 N. PARK AVE. SANFORD, FL 327711240 SANFORD, FL 327711240 US **Current Mailing Address: New Mailing Address:** 114 N. PARK AVE SANFORD, FL 327711240 FEI Number: 59-6569174 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCKIBBIN, BRUCE 114 N. PARK AVE. SANFORD, FL 327711240 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BOWLIN, HENRY Name: Name: 608 OAK AVENUE Address: Address: City-St-Zip: SANFORD, FL 327711830 City-St-Zip: Title: () Delete Title: (X) Change () Addition POSEY, JERRY M., Name: POSEY, JERRY M., Name: Address: 122 LINDA LN. Address: 122 LINDA LN. City-St-Zip: LAKE MARY, FL City-St-Zip: LAKE MARY, FL Title: () Delete Title: (X) Change () Addition SENKARIK, ED SENKARIK, ED Name: Name: Address: 104 SUNSET DR Address: 104 SUNSET DR City-St-Zip: SANFORD, FL 327734743 City-St-Zip: SANFORD, FL 327734743 Title: TD () Delete Title: () Change () Addition Name: MCKIBBIN, BRUCE Name: Address: 114 N. PARK AVE. Address: City-St-Zip: SANFORD, FL 327711240 City-St-Zip: Title: () Delete Title: SD (X) Change () Addition HEVEY, LOU HEVEY, LOU Name: Name: 102 BRIGHTVIEW DR 102 BRIGHTVIEW DR Address: Address: City-St-Zip: LAKE MARY, FL 32746 City-St-Zip: LAKE MARY, FL 32746 Title: () Delete Title: (X) Change () Addition WRIGHT, EDDIE WRIGHT, EDDIE Name: Name: Address: 710 MEADOWS STREET Address: 710 MEADOWS STREET SANFORD, FL 32773 SANFORD, FL 32773 City-St-Zip: 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: BRUCE MCKIBBIN TD 03/06/2009