

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007
Secretary of State

DOCUMENT# 751151

Entity Name: KIWANIS CLUB OF SAFETY HARBOR, INC.

Current Principal Place of Business:

P. O. BOX 312
SAFETY HARBOR, FL 34695

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 312
SAFETY HARBOR, FL 34695

New Mailing Address:

FEI Number: 59-1980356 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HOCH, JOSEPH H
84 HICKORY BRANCH LANE
SAFETY HARBOR, FL 34695 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: S () Delete
Name: NICKESON, NADINE
Address: 280 TUCKER ST
City-St-Zip: SAFETY HARBOR, FL 34695

Title: T () Delete
Name: READER, ROBERT
Address: 2985 BROOKFIELD LN
City-St-Zip: CLEARWATER, FL 33761

Title: P () Delete
Name: REMZ, LOU
Address: 413 S. BAYSHORE BLVD
City-St-Zip: SAFETY HARBOR, FL 34695

Title: D () Delete
Name: HOCH, HOWARD
Address: 84 HICKORY BRANCH LN
City-St-Zip: SAFETY HARBOR, FL 34695

Title: D () Delete
Name: INCORVIA, JOE
Address: 710 QUAIL KEEP DR.
City-St-Zip: SAFETY HARBOR, FL 34695

Title: D () Delete
Name: BACHTELER, CHARLES
Address: 5035 EDGEWATER LANE
City-St-Zip: OLDSMAR, FL 34177

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: JONES, TRENT
Address: P. O. BOX 20
City-St-Zip: SAFETY HARBOR, FL 34695

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 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: NADINE S NICKESON

_____ Electronic Signature of Signing Officer or Director

S

03/12/2007

_____ Date