

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753169

FILED
Jan 08, 2009
Secretary of State

Entity Name: KIWANIS CLUB OF HISTORIC ST. AUGUSTINE, INCORPORATED

Current Principal Place of Business:

400 N. PONCE BLVD
SAINT AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3063
ST. AUGUSTINE, FL 320850063

New Mailing Address:

FEI Number: 59-2082046

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOWELL, WAYNE
400 N PONCE DE LEON BLVD
SAINT AUGUSTINE, FL 32084 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 () Delete
Name: PANEPINTO, NICK
Address: PO BOX 3063
City-St-Zip: SAINT AUGUSTINE, FL 32085

Title: VP () Delete
Name: HEDGES, RICHARD
Address: PO BOX 3063
City-St-Zip: SAINT AUGUSTINE, FL 32085

Title: T () Delete
Name: DALE, JAMES
Address: PO BOX 3063
City-St-Zip: ST AUGUSTINE, FL 32086

Title: S () Delete
Name: BRADEN, ROBERT
Address: PO BOX 3063
City-St-Zip: SAINT AUGUSTINE, FL 32085

Title: P () Delete
Name: HERNANDEZ, DOUG
Address: PO BOX 3063
City-St-Zip: SAINT AUGUSTINE, FL 32085

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: THOMPSON, DAVID
Address: PO BOX 3063
City-St-Zip: SAINT AUGUSTINE, FL 32085

Title: VP (X) Change () Addition
Name: NESTER, LOU
Address: PO BOX 3063
City-St-Zip: SAINT AUGUSTINE, FL 32085

Title: T (X) Change () Addition
Name: NEMEC, FRANK
Address: PO BOX 3063
City-St-Zip: ST AUGUSTINE, FL 32086

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: FRANK NEMEC

T

01/08/2009

Electronic Signature of Signing Officer or Director

Date