## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 754745** 

FILED Jan 06, 2009 Secretary of State

Entity Name: KIWANIS CLUB OF LAKE JACKSON, INC.

**Current Principal Place of Business: New Principal Place of Business:** 4217 BEN BLVD TALLAHASSEE, FL 32303 **Current Mailing Address: New Mailing Address:** 4217 BEN BLVD TALLAHASSEE, FL 32303 FEI Number: 59-1864597 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: ROBERTS, KEITH M 4217 BEN BLVD TALLAHASSEE, FL 32303 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 (X) Change ( ) Addition LARSON, JACKIE LARSON, JACKIE Name: Name: 3601 FRED GEORGE CT Address: 3601 FRED GEORGE CT Address: City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: TALLAHASSEE, FL 32303 Title: () Delete Title: (X) Change ( ) Addition DIETER, HEATHER Name: DIETER, HEATHER Name: Address: 2230 MANOBELL CT Address: 2230 MANOBELL CT City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: TALLAHASSEE, FL 32303 Title: () Delete Title: () Change () Addition ROBERTS, KEITH M Name: Name: Address: 4217 BEN BLVD Address: City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: Title: Title: () Change () Addition ( ) Delete Name: CUSHING, EARL Name: Address: 5338 GATEWAY DR Address: City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: Title: ( ) Delete Title: () Change () Addition SMITH, HARBERT Name: Name: 2048 CYNTHIA DR. Address: Address: City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition THOMAS, REX THOMAS, REX Name: Name: Address: 2107 FAULK DR. Address: 1916 TALPECO ROAD TALLAHASSEE, FL 32303 TALLAHASSEE, FL 32303 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: KEITH M. ROBERTS S 01/06/2009