2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#756440

FILED Apr 30, 2008 Secretary of State

Entity Name: KIWANIS CLUB OF LONGBOAT KEY FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1211 GULF OF MEXICO DR **APT 1006** LONGBOAT KEY, FL 342286132 **New Mailing Address: Current Mailing Address:** P.O. BOX 8097 LONGBOAT KEY, FL 342286132 FEI Number: 59-2238543 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: DELISI, VINCE 1211 GULF OF MEXICO DR APT 1006 LONGBOAT KEY, FL 34228 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 WALSH, MATT Name: Name: 1090 BOGEY LN Address: Address: City-St-Zip: LONGBOAT KEY, FL 34228 City-St-Zip: Title: Title: (X) Change () Addition () Delete Name: FEOLE, BEN Name: KARY, WILLIAM Address: 640 LINLEY ST Address: 795 MARBURY LANE City-St-Zip: LONGBOAT KEY, FL 34228 City-St-Zip: LONGBOAT KEY, FL 34228 Title: (X) Delete Title: () Change () Addition RAGHEB, SAMIR Name: Name: Address: 7015 BAYSIDE DR Address: City-St-Zip: LONGBOAT KEY, FL 34228 City-St-Zip: Title: (X) Delete Title: () Change () Addition Name: KARY, WILLIAM Name: 795 MARBURY LN Address: Address: City-St-Zip: LONGBOAT KEY, FL 34228 City-St-Zip: Title: (X) Delete Title: () Change () Addition KELLY, KARY Name: Name: 589 SUTTON PLACE Address: Address: LONGBOAT KEY, FL 34228 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: WM KARY T 04/30/2008