

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759403

FILED
Feb 18, 2007
Secretary of State

Entity Name: KIWANIS CLUB OF SILVER SPRINGS SHORES, FLORIDA, INC.

Current Principal Place of Business:

674 SILVER RD
OCALA, FL 34472 US

New Principal Place of Business:

Current Mailing Address:

674 SILVER RD
OCALA, FL 34472 US

New Mailing Address:

FEI Number: 59-2157557

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SLUSSER, ZELMA
34 TEAK LOOP
OCALA, FL 34472 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: D () Delete
Name: COLLINS, DREXEL
Address: 507B MIDWAY
City-St-Zip: OCALA, FL 34472

Title: T () Delete
Name: SLUSSER, ZELMA
Address: 34 TEAK LOOP
City-St-Zip: OCALA, FL 34472

Title: VP () Delete
Name: MITCHELL, BERNARD
Address: 716 BAHIA CIRCLE
City-St-Zip: OCALA, FL 34472

Title: S () Delete
Name: NORRIS, EDD
Address: 511 BAHIA CIRCLE
City-St-Zip: OCALA, FL 34472

Title: D () Delete
Name: HALL, RHODIA
Address: 1022 NW 13TH AVE
City-St-Zip: OCALA, FL 34472

Title: P () Delete
Name: MOORE, EVELYN
Address: 26 EMERALD CT
City-St-Zip: OCALA, FL 34472

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BARRETT, WARREN
Address: 9 PECAN PASS DRIVE
City-St-Zip: OCALA, FL 34472

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

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

Title: S (X) Change () Addition
Name: SEABERRY, BONNIE
Address: 70 HICKORY LOOP WAY
City-St-Zip: OCALA, FL 34472

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

Title: D (X) Change () Addition
Name: MOORE, EVELYN
Address: 26 EMERALD CT
City-St-Zip: OCALA, FL 34472

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: ZELMA SLUSSER

OFFI

02/18/2007

Electronic Signature of Signing Officer or Director

Date