

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90128 015 ****61.25

DOCUMENT # 759403

1. Entity Name

**KIWANIS CLUB OF SILVER SPRINGS SHORES,
FLORIDA, INC.**



Principal Place of Business

**674 SILVER RD
OCALA FL 34472
US**

Mailing Address

**674 SILVER RD
OCALA FL 34472
US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

PO 831126

Suite, Apt. #, etc.

Suite, Apt. #, etc.

OCALA FL

City & State

City & State

Zip

Country

Zip

Country

34483

MARION

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-2157557

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SLUSSER, ZELMA
34 TEAK LOOP
OCALA FL 34472**

Name

Bernard Mitchell

Street Address (P.O. Box Number is Not Acceptable)

716 BAHIA CIR

City

Ocala

FL

Zip Code

34472

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

BERNARD S. MITCHELL

Bernard S. Mitchell

04-14-08

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **BARRETT, WARREN**
STREET ADDRESS **9 PECAN PASS DRIVE**
CITY-ST-ZIP **OCALA FL 34472**

TITLE **T** ☒ Delete
NAME **SLUSSER, ZELMA**
STREET ADDRESS **34 TEAK LOOP**
CITY-ST-ZIP **OCALA FL 34472**

TITLE **VP** ☐ Delete
NAME **MITCHELL, BERNARD**
STREET ADDRESS **716 BAHIA CIRCLE**
CITY-ST-ZIP **OCALA FL 34472**

TITLE **S** ☐ Delete
NAME **SEABERRY, BONNIE**
STREET ADDRESS **70 HICKORY LOOP WAY**
CITY-ST-ZIP **OCALA FL 34472**

TITLE **D** ☐ Delete
NAME **HALL, RHODIA**
STREET ADDRESS **1022 NW 13TH AVE**
CITY-ST-ZIP **OCALA FL 34472**

TITLE **D** ☒ Delete
NAME **MOORE, EVELYN**
STREET ADDRESS **26 EMERALD CT**
CITY-ST-ZIP **OCALA FL 34472**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President** ☒ Change ☐ Addition
NAME **Bernard Mitchell**
STREET ADDRESS **716 Bahia Circle**
CITY-ST-ZIP **Ocala FL 34472**

TITLE **Treasure** ☐ Change ☒ Addition
NAME **Ruth Ann Oakes**
STREET ADDRESS **650 NW 63 ST**
CITY-ST-ZIP **Ocala FL 34472**

TITLE **Director** ☒ Change ☒ Addition
NAME **Evelyn Morris**
STREET ADDRESS **5188 Fairway Circle**
CITY-ST-ZIP **Ocala FL 34472**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Bernard S. Mitchell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 14-2008

Date

Daytime Phone #