## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#768489** 

FILED Feb 16, 2009 Secretary of State

Entity Name: KIWANIS FOUNDATION OF CHARLOTTE COUNTY, INC.

Current Pi						
	rincipal Place of	f Business:		New Princ	ipal Place of Bus	siness:
1133 BAL HARBOR BOULEVARD SUITE 1135				1107 W. MARION AVE SUITE 115		
	ORDA, FL 33950	) US			ORDA, FL 33950	US
Current M	ailing Address:			New Maili	ng Address:	
	HARBOR BOULE	EVARD		P. O. BOX		110
SUITE 113 PUNTA GO	5 DRDA, FL 33950	) US		PUNTAGO	ORDA, FL 33951	US
FEI Number:	59-2379416	FEI Number Applied For	( ) FEI Num	nber Not Appl	icable ( ) Ce	rtificate of Status Desired ( )
Name and	Address of Cui	rrent Registered Age	ent:	Name and	Address of New	Registered Agent:
	NKEY E., III				NKEY E., III	
1133 BAL I SUITE 113	HARBOR BOULE 5	EVARD		1107 W. MARION AVE SUITE 115		
	ORDA, FL 33950	) US			ORDA, FL 33950	US
	named entity sub of Florida.	bmits this statement fo	or the purpose of	f changing i	ts registered office	or registered agent, or both,
SIGNATURE:						02/16/2009
	Electronic	Signature of Register	red Agent			Date
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title:	D () De			Title:	( ) Cha	nge ( ) Addition
Name: Address:	DEYOUNG, CRAIC 1321 AEGEAN CT			Name: Address:		
City-St-Zip:	PUNTA GORDA, F	L 33983 US		City-St-Zip:		
Title:	TD ( ) De			Title:	( ) Cha	nge ( ) Addition
Name:	NAYLOR, ROBER	TC		Name:		
	2222 CALLE DON					
Address:	2222 CALLE BON PUNTA GORDA. F	IITA		Address: Citv-St-Zip:		
Address: City-St-Zip:	PUNTA GORDA, F	ITA FL 33982 US		City-St-Zip:	( ) Ob-	( ) A deliti
Address: City-St-Zip: Title:	PUNTA GORDA, F	IITA FL 33982 US elete		City-St-Zip: Title:	()Cha	nge()Addition
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Address: City-St-Zip: Title: Name: Address:	PUNTA GORDA, F P () De KLOSSNER, WILL	ITA FL 33982 US elete LIAM GE		City-St-Zip: Title: Name:	()Cha	nge ( ) Addition
Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle:	PUNTA GORDA, F P ( ) De KLOSSNER, WILL 405 SCARLET SA PUNTA GORDA, F DS ( ) De	ITA FL 33982 US elete LIAM GE FL 33955 US		City-St-Zip: Title: Name: Address: City-St-Zip: Title:	.,	nge()Addition nge()Addition
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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: ROBERT C. NAYLOR TD 02/16/2009