2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#770963

FILED Jaņ 12, 2<u>00</u>9 Secretary of State

Entity Name: KIWANIS CLUB OF SANTA ROSA SUNRISE, MILTON, FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

5916 TANGLE WOOP DR 5916 TANGLE WOOD DR MILTON, FL 32570 US MILTON, FL 32570

Current Mailing Address: New Mailing Address:

P.O. BOX 706 MILTON, FL 325720706 US

FEI Number: 59-2225089 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:

FITZGERALD, PAUL 6839 CAROLINE ST MILTON, FL 32570 US

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

ATTAWAY, LENA WILSON, PENNY Name: Name: PO BOX 232 Address: 5866 N. AIRPORT RD Address: City-St-Zip: BAGDAD, FL 32530 City-St-Zip: MILTON, FL 32570

Title: () Delete Title: (X) Change () Addition Name: GREER, DARREL Name: GREER, DARREL R

Address: 1709 FLORESTN CIRCLE Address: 1709 FLORESTA CIR City-St-Zip: MILTON, FL 32583 City-St-Zip: MILTON, FL 32583

Title: () Delete Title: () Change () Addition

STELZNER, PAUL Name: Name: Address: 5915 HOGANS ALY Address: City-St-Zip: MILTON, FL 32590 City-St-Zip:

() Delete Title: Title: (X) Change () Addition

Name: FLOORNOY, DONNA Name: FLOURNOY, DONNA 5929 STEPHANIE DR Address: Address: 5929 STEPHANIE DR City-St-Zip: MILTON, FL 32570 City-St-Zip: MILTON, FL 32570

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: DONNA FLOURNOY Τ 01/12/2009