2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 10, 2004 8:00 am **Secretary of State** DOCUMENT # N01000007658 1. Entity Name 02-10-2004 90033 005 ****61.25 KIWANIS CLUB OF SIESTA KEY, INC. Principal Place of Business Mailing Address 889 N. WASHINGTON BLVD. SARASOTA FL 34236 P.O BOX 35142 SARASOTA FL 34242 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State Applied For 4. FEI Number 65-1140731 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PRETSCHNER, ROBERT M Street Address (P.O. Box Number is Not Acceptable) 889 N. WASHINGTON BLVD. SARASOTA FL 34236 City Zip Code 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 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 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PRESIDENT TRACY SEIDER Delete Change TITLE TIT1 F Addition KIZIU. PETER NAME NAME 889 N. WASHINGTON BLVD. STREET ADDRESS STREET ADDRESS SARASOTA FL 34236 CITY-ST-ZIP CITY-ST-ZIP SARASOTA, FL 34242 TITLE TITLE ☐ Addition Delete Change RICHARD GRAVELEY SEIDER, TRACY 889 N. WASHINGTON BLVD. STREET ADDRESS STREET ADDRESS SARASOTA FL 34236 CITY-ST-ZIP CITY-ST-ZIP SHLASOTA, FC Delete ■ Addition GERARD EZCULLA = GILLILAND, KIM NAME NAME -889 N. WASHINGTON BLVD. STREET ADDRESS STREET ADDRESS CITY- ST- ZIP SARASOTA FL 34236 CITY-ST-ZIP SARASOTA, FLBYZKZ ☐ Delete TITLE SHERIC MOSELEM **Change** Addition SILCOTT, SHERIE NAME NAME P.O. BOX 35142 889 N. WASHINGTON BLVD. STREET ADDRESS STREET ADDRESS SARASOTA FL 34236 34242 CITY-ST-ZIP CITY-ST-ZIP SARASOTA, FL TITLE ☐ Change TITLE ☐ Delete ☐ Addition PRETSCHNER, ROBERT NAME NAME 3219 TANGLEWOOD DRIVE STREET ADDRESS STREET ADDRESS SARASOTA FL 34239 CITY-ST-ZIP CITY-ST-ZIP DIRECTOIL MIATTHEW ANDERSON Change Addition **Delete** HAYES, JENNIFER NAME NAME 5310 CLARK PD, 5TE 201 SARASOTA, FL 34231 3219 TANGLEWOOD DRIVE STREET ADDRESS STREET ADDRESS

FILED

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 trusted 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. SHELLE MOSELEY
RDIRECTOR SECTEMBER SIGNATURE:

CITY-ST-ZIP

SARASOTA FL 34239

CITY-ST-ZIP