2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007658

Title:

Title:

Title:

Name:

Address:

City-St-Zip:

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Address: City-St-Zip:

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Address:

City-St-Zip:

Entity Name: KIWANIS CLUB OF SIESTA KEY, INC.

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MOSELEY, SHERIE

SARASOTA, FL 34242

PRETSCHNER, ROBERT

SARASOTA, FL 34239

ANDERSON, MATTHEW

SARASOTA, FL 34231

5310 CLARK RD, STE. 201

3219 TANGLEWOOD DRIVE

P.O. BOX 35142

FILED Jan 04, 2005 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:			
889 N. WASH SARASOTA, I		/D.			
Current Mailing Address:		New Mailing Address:			
P.O BOX 3514 SARASOTA, I					
FEI Number: 65-	5-1140731	FEI Number Applied For () FEI N	lumber Not Appl	licable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:			
PRETSCHNE 889 N. WASH	HIŃGTON BL\				
0ARA001A, 1					
		bmits this statement for the purpose	of changing i	its registered office or registered agent, or both,	
The above na	f Florida.		e of changing i	its registered office or registered agent, or both,	
The above nain the State of	f Florida.	bmits this statement for the purpose Signature of Registered Agent	e of changing i	its registered office or registered agent, or both, Date	
The above nain the State of	f Florida. :: Electronic	Signature of Registered Agent			
The above na in the State of SIGNATURE: OFFICERS A Title: P Name: SI Address: 88	f Florida. :: Electronic	Signature of Registered Agent DRS: elete TON BLVD.		Date	
The above nain the State of SIGNATURE: OFFICERS A Title: P Name: SI Address: 88 City-St-Zip: Si Title: PI Name: G Address: 88	f Florida. Electronic AND DIRECTO O () D SEIDER, TRACY 889 N. WASHING	Signature of Registered Agent DRS: elete TON BLVD. 4242 elete HARD TON BLVD.	ADDITION Title: Name: Address:	Date NS/CHANGES TO OFFICERS AND DIRECTORS: P (X) Change () Addition GRAVELEY, RICHARD P.O. BOX 35142	

I hereby certify that the information supplied with this filing does not qualify for the 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 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

Title:

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

SIGNATURE: SHERIE MOSELEY ST 01/04/2005

above, or on an attachment with an address, with all other like empowered.

() Change () Addition

() Change () Addition

(X) Change () Addition

SCHEERLE, FRED

SARASOTA, FL 34242

P.O. BOX 35142