2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2005
Secretary of State

DOCUMENT# N01000008505

Entity Name: KIWANIS CLUB OF VERO-TREASURE COAST FOUNDATION, INC.

Current Principal Place of Business:

P. O. BOX 6381
VERO BCH, FL 32961

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 6381
VERO BCH, FL 32961

New Mailing Address:

FEI Number: 04-3594960 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CLEM, CHESTER
3333 20TH ST.
VERO BCH, FL US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WILLIAMSON, PAUL
Address: P. O. BOX 6381
City-St-Zip: VERO BCH, FL 32961

Title: D ( ) Delete
Name: ROBERTS, KEN
Address: P. O. BOX 6381
City-St-Zip: VERO BCH, FL 32961

Title: D ( ) Delete
Name: MARSHBANKS, BOB
Address: P. O. BOX 6381
City-St-Zip: VERO BCH, FL 32961

Title: D ( ) Delete
Name: WARRINER, CHERYL
Address: P. O. BOX 6381
City-St-Zip: VERO BCH, FL 32961

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: CAIRNS, MICHAEL
Address: P. O. BOX 6381
City-St-Zip: VERO BCH, FL 32961

Title: D ( ) Change (X) Addition
Name: VOTAW, ROBERT
Address: P. O. BOX 6381
City-St-Zip: VERO BCH, FL 32961

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

SIGNATURE: PAUL WILLIAMSON D 08/08/2005

Electronic Signature of Signing Officer or Director — Date