

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009056

FILED
Jul 06, 2009
Secretary of State

Entity Name: RIVERDALE KIWANIS FOUNDATION, INC.

Current Principal Place of Business:

907 SE 32ND STREET
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 50376
FT MYERS, FL 33994 03

New Mailing Address:

FEI Number: 65-0300371 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:

DRIGGERS, SHARON L PRES
907 SE 32ND STREET
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

DRIGGERS, SHARON L PRES
14484 CYPRES TRACE
FORT MYERS, FL 33912 US

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: CATHERINE J BEATTY

07/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: REPA, JOHN
Address: 2185 DELTA ST
City-St-Zip: FT MYERS, FL 33907

Title: D () Delete
Name: DALY, KENNETH
Address: 1219 BUENA VISTA DR.
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: P () Delete
Name: DALY, EDWARD
Address: 1219 BUENA VISTA DR.
City-St-Zip: N FT MYERS, FL 33903

Title: D () Delete
Name: SHORT, TERRY
Address: 2207 SANTIAGO AVE
City-St-Zip: FT. MYERS, FL 33905

Title: TREA () Delete
Name: BEATTY, CATHY J TREAS
Address: 907 SE 32ND ST
City-St-Zip: CAPE CORAL, FL 33904

Title: D () Delete
Name: WHEELER, SANDY SEC
Address: 307 BROADWAY AVE.
City-St-Zip: LEHIGH ACRES, FL 33972

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DRIGGERS, SHARON
Address: 14484 CYPRES TRACE
City-St-Zip: FT MYERS, FL 33912

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

Title: D (X) Change () Addition
Name: DALY, EDWARD
Address: 1219 BUENA VISTA DR.
City-St-Zip: N FT MYERS, FL 33903

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

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

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

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: CATHERINE J BEATTY

TRES

07/06/2009

Electronic Signature of Signing Officer or Director

Date