2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# N04000002730

Entity Name: KIWANIS CLUB OF DELTONA-SOUTHWEST VOLUSIA, FLORIDA, INC.

Current Principal Place of Business:

C/O ALL FLORIDA FIRM INC
813 DELTONA BLVD STE A
DELTONA, FL 32728 US

New Principal Place of Business:

Current Mailing Address:

813 DELTONA BLVD STE A
DELTONA, FL 32728 US

New Mailing Address:

FEI Number: 59-6164576 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALL FLORIDA FIRM INC
813 DELTONA BLVD, STE A
DELTONA, FL 32725 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: P ( ) Delete
Name: LIDDIE, MAVIS
Address: 813 DELTONA BLVD, STE A
City-St-Zip: DELTONA, FL 32725

Title: S ( ) Delete
Name: MATTISON, CAROL
Address: 813 DELTONA BLVD, STE A
City-St-Zip: DELTONA, FL 32725

Title: T ( ) Delete
Name: CARSON, JEFFREY
Address: 813 DELTONA BLVD, STE A
City-St-Zip: DELTONA, FL 32725

Title: VP ( ) Delete
Name: EVERUARD, WILL
Address: 813 DELTONA BLVD STE A
City-St-Zip: DELTONA, FL 32725

Title: PE ( ) Delete
Name: JESSUP, JAMISON M SR
Address: 813 DELTONA BLVD STE A
City-St-Zip: DELTONA, FL 32725

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PE (X) Change ( ) Addition
Name: MORALES, SUSAN
Address: 813 DELTONA BLVD, STE A
City-St-Zip: DELTONA, FL 32725

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

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

Title: VP (X) Change ( ) Addition
Name: BROWN, JOYCE A
Address: 813 DELTONA BLVD STE A
City-St-Zip: DELTONA, FL 32725

Title: P (X) Change ( ) Addition
Name: JESSUP, JAMISON M SR
Address: 813 DELTONA BLVD STE A
City-St-Zip: DELTONA, FL 32725

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: JAMISON JESSUP M SR P 04/23/2009

Electronic Signature of Signing Officer or Director — Date