2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008
Secretary of State

DOCUMENT# N05000003897

Entity Name: KIWANIS CLUB OF SAWGRASS SUNRISE, INC.

Current Principal Place of Business:

2355 NW 137TH TERRACE
SUNRISE, FL 33323

New Principal Place of Business:

Current Mailing Address:

2355 NW 137TH TERRACE
SUNRISE, FL 33323

New Mailing Address:

FEI Number: 20-2325661 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RUSSELL, NORMAN
2355 NW 137TH TERRACE
SUNRISE, FL 33323 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: RUSSELL, NORMAN
Address: 2355 NW 137TH TERRACE
City-St-Zip: SUNRISE, FL 33323

Title: P ( ) Delete
Name: BRYCE, RICHARD
Address: 565 SW 180TH AVE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: T ( ) Delete
Name: WONGSAM, RICHARD
Address: 1774 HARBOR POINTE CIRCLE
City-St-Zip: WESTON, FL 33327

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: BRYCE, RICHARD
Address: 565 SW 180TH AVE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: TREA (X) Change ( ) Addition
Name: ADAMS, MARK
Address: 12396 WEST SUNRISE BLVD
City-St-Zip: PLANTATION, FL 33323

Title: PRES ( ) Change (X) Addition
Name: BORLAND, LAURA
Address: 3101 NWW 47TH TERRACE #327
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: SECT ( ) Change (X) Addition
Name: WEATHERLEY, DEXTER
Address: 9742 NW 7TH CIRCLE # 815
City-St-Zip: PLANTATION, FL 33324

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: MARK I ADAMS TREA 04/22/2008

Electronic Signature of Signing Officer or Director — Date