

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003897

FILED  
Apr 21, 2009  
Secretary of State

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

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

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

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

**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: ( ) 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: RICHARD WONGSAM

D

04/21/2009

Electronic Signature of Signing Officer or Director

Date