

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005528

FILED  
Mar 28, 2012  
Secretary of State

**Entity Name:** KIWANIS CLUB OF STARKE, INC.

**Current Principal Place of Business:**

945 N TEMPLE AVE  
STARKE, FL 32091

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 125  
STARKE, FL 32091

**New Mailing Address:**

**FEI Number:** 20-3085968

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

LEE, LINDA J  
19859 NW 71ST AVE  
STARKE, FL 32091 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  
Name: REDDISH, MICHAEL  
Address: P.O. BOX 125  
City-St-Zip: STARKE, FL 32091

Title: PE  
Name: RUSZKOWSKI, SHERRY  
Address: PO BOX 125  
City-St-Zip: STARKE, FL 32091

Title: T  
Name: LEE, LINDA J  
Address: PO BOX 125  
City-St-Zip: STARKE, FL 32091

Title: PP  
Name: WARREN, BARRY  
Address: PO BOX 125  
City-St-Zip: STARKE, FL 32091

Title: VP  
Name: THORNTON, VAUGHN  
Address: PO BOX 125  
City-St-Zip: STARKE, FL 32091

Title: S  
Name: COLLINS, CHRISTINA  
Address: P.O. BOX 125  
City-St-Zip: STARKE, FL 32091

I hereby 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 all other like empowered.

SIGNATURE: LINDA LEE

T

03/28/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date