

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006220

FILED
May 28, 2008
Secretary of State

Entity Name: KIWANIS CLUB OF OKEECHOBEE, INC.

Current Principal Place of Business:

3175 S HIGHWAY 441
OKEECHOBEE, FL 34974

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2754
OKEECHOBEE, FL 34973

New Mailing Address:

FEI Number: 20-3010799 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:

SIMS, LAURA K
223 S. PARROTT AVENUE
OKEECHOBEE, FL 34974 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: MONTES DE OCA, MARCOS
Address: 2185 SW 22ND CIRCLE NORTH
City-St-Zip: OKEECHOBEE, FL 34974

Title: D () Delete
Name: SUMNER, JEFF
Address: 393 SW 67TH DRIVE
City-St-Zip: OKEECHOBEE, FL 34974

Title: D () Delete
Name: IRBY, FRANK
Address: 1385 SE 23RD ST.
City-St-Zip: OKEECHOBEE, FL 34974

Title: D () Delete
Name: KIRSCH, LONNIE
Address: 500 SW 28TH TERRACE
City-St-Zip: OKEECHOBEE, FL 34974

Title: D () Delete
Name: THOGERSEN, GREGG
Address: 7006 DELAND AVE
City-St-Zip: FORT PIERCE, FL 34951

Title: D () Delete
Name: MAXWELL, DEVIN
Address: 3783 NW 23RD AVE.
City-St-Zip: OKEECHOBEE, FL 34972

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
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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: JEFF SUMNER

D

05/28/2008

Electronic Signature of Signing Officer or Director

Date