2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006220

Entity Name: KIWANIS CLUB OF OKEECHOBEE, INC.

FILED Jan 16, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
3175 S HIG	- GHWAY 441 DBEE, FL 349						
Current Mailing Address:				New Mailing Address:			
P.O. BOX 2 OKEECHO	2754 DBEE, FL 349	73					
FEI Number:	20-3010799	FEI Number Applied For()	FEI Num	nber Not Appli	icable ()	Certificate of St	tatus Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
SIMS, LAURA K 223 S. PARROTT AVENUE OKEECHOBEE, FL 34974 US				DEHAYS, COREY 504 NW 5TH AVENUE OKEECHOBEE, FL 34972 US			
The above in the State		submits this statement for the p	urpose of	f changing it	ts registered	d office or register	red agent, or both,
SIGNATURE: COREY DEHAYS Electronic Signature of Registered Agent				01/16/2009			
				 Date			
OFFICERS AND DIRECTORS:				ADDITION	S/CHANGE	S TO OFFICERS	S AND DIRECTORS:
Title: Name: Address: City-St-Zip:	MONTES DE C	O CIRCLE NORTH		Title: Name: Address: City-St-Zip:		()Change ()Addit	tion
Title: Name: Address: City-St-Zip:	D (SUMNER, JEF 393 SW 67TH OKEECHOBEE	DRIVE		Title: Name: Address: City-St-Zip:	SUMNER, JE 393 SW 67T		tion
Title: Name: Address: City-St-Zip:	D (IRBY, FRANK 1385 SE 23RD OKEECHOBEE			Title: Name: Address: City-St-Zip:		()Change ()Addit	tion
Title: Name: Address: City-St-Zip:	D (KIRSCH, LONN 500 SW 28TH OKEECHOBEE	TERRACE		Title: Name: Address: City-St-Zip:	VENSEL, JIM 2002 S PARI	(X) Change () Addi /I ROTT AVENUE EE, FL 34974	tion
Title: Name: Address: City-St-Zip:	D (THOGERSEN, 7006 DELAND FORT PIERCE	AVE		Title: Name: Address: City-St-Zip:	THOGERSEN 7006 DELAN	•	tion
Title: Name: Address: City-St-Zip:	D (MAXWELL, DE 3783 NW 23RI OKEECHOBEE	DAVE.		Title: Name: Address: City-St-Zip:	DEHAYS, CC 504 NW 5TH		tion

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: JEFFREY M SUMNER D/T 01/16/2009