2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007211

FILED Mar 20, 2009 Secretary of State

Entity Name: KIWANIS CLUB OF SANTA FE, FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

21775 NW 154 PLACE HIGH SPRINGS, FL 32643

Current Mailing Address: New Mailing Address:

PO BOX 961 HIGH SPRINGS, FL 32655

FEI Number: 41-2152606 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

TILESTON, KAREN

14520 NW US HWY 441

ALACHUA, FL 32615 US

WELLER, THOMAS

23327 NW COUNTY ROAD 236

SUITE 50

HIGH SPRINGS, FL 32643 US

THOTTOT KINGO, TE 32043 00

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: THOMAS R. WELLER 03/20/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Name:
 EMMANUEL, GEORGE
 Name:
 DAVIS, CASSANDRA

 Address:
 1841 NW 23 TERR.
 Address:
 14520 NW US HWY 441

 City-St-Zip:
 GAINESVILLE, FL 32605
 City-St-Zip:
 ALACHUA, FL 32615

Title: D/T () Delete Title: () Change () Addition

 Name:
 COLSON, KATHY
 Name:

 Address:
 24311 N. ST. RD 121
 Address:

 City-St-Zip:
 ALACHUA, FL 32615
 City-St-Zip:

Title: D/S () Delete Title: () Change () Addition

 Name:
 WELLER, THOMAS R
 Name:

 Address:
 21775 NW 154 PL
 Address:

 City-St-Zip:
 HIGH SPRINGS, FL 32643
 City-St-Zip:

 $\label{eq:time_def} \mbox{Title:} \qquad \mbox{D} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{() Change () Addition}$

 Name:
 SCOTT, WILLIAM
 Name:

 Address:
 174 S.W. LYNN SHERMAN TERR.
 Address:

 City-St-Zip:
 FT. WHITE, FL 32038
 City-St-Zip:

Title: DP () Delete Title: D (X) Change () Addition

 Name:
 BENNETT, MARILYN
 Name:
 BENNETT, MARILYN

 Address:
 PO BOX 2285
 Address:
 PO BOX 2285

City-St-Zip: HIGH SPRINGS, FL 32655 City-St-Zip: HIGH SPRINGS, FL 32655

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: THOMAS R. WELLER SEC. 03/20/2009