

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007563

FILED
Feb 07, 2007
Secretary of State

Entity Name: KIWANIS CLUB OF IMMOKALEE, INC.

Current Principal Place of Business:

P O BOX 915
IMMOKALEE, FL 34143

New Principal Place of Business:

4300 ST RD 29N
IMMOKALEE, FL 34142

Current Mailing Address:

P O BOX 915
IMMOKALEE, FL 34143

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOFFMAN, JOHN
1320 N 15TH ST
IMMOKALEE, FL 34142 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: SEC () Delete
Name: HOFFMAN, JOHN R
Address: PO BOX 2164
City-St-Zip: IMMOKALEE, FL 34143

Title: TREA () Delete
Name: ANTONACCI, CAROL E
Address: PO BOX 2164
City-St-Zip: IMMOKALEE, FL 34143

Title: PRES () Delete
Name: CADE, PETE
Address: 1903 LEED AVE
City-St-Zip: IMMOKALEE, FL 34142

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN R HOFFMAN

SEC

02/07/2007

Electronic Signature of Signing Officer or Director

Date