

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007660

FILED  
Jan 14, 2009  
Secretary of State

Entity Name: ABERNATHY PORT CHARLOTTE KIWANIS FOUNDATION, INC.

**Current Principal Place of Business:**

3440 CONWAY BLVD STE 1 A  
PORT CHARLOTTE, FL 33952

**New Principal Place of Business:**

3440 CONWAY BLVD .  
SUITE 1A  
PORT CHARLOTTE, FL 33952

**Current Mailing Address:**

3440 CONWAY BLVD STE 1 A  
PORT CHARLOTTE, FL 33952

**New Mailing Address:**

3440 CONWAY BLVD.  
SUITE 1A  
PORT CHARLOTTE, FL 33952

FEI Number: 20-3272490

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LEVIN, ALLEN J  
3440 CONWAY BLVD STE 1 A  
PORT CHARLOTTE, FL 33952 US

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

LEVIN, ALLEN J  
3440 CONWAY BLVD .  
SUITE 1A  
PORT CHARLOTTE, FL 33952 US

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:

01/14/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: HURLEY, LAWRENCE  
Address: 1412 WALBERG ST  
City-St-Zip: NORTH PORT, FL 34288

Title: TP ( ) Delete  
Name: LEVIN, ALLEN J  
Address: 1238 VERMEER DRIVE  
City-St-Zip: NOKIMIS, FL 34275

Title: T ( ) Delete  
Name: AZAR-LEVIN, GABRIELLE  
Address: 1238 VERMEER DRIVE  
City-St-Zip: NOKIMIS, FL 34275

Title: T ( ) Delete  
Name: JOHNSON, LEROY  
Address: 2465 ELKCAM BLVD  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: T ( ) Delete  
Name: SPYRIE, CATHERINE  
Address: 21015 BAFFIN AVENUE  
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: TST ( ) Delete  
Name: TALLEY, ROBERT  
Address: 13380 SW PEMBROKE CIRCLE  
City-St-Zip: LAKE SUZY, FL 34289

**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  
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 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: ALLEN J. LEVIN

PRES

01/14/2009

Electronic Signature of Signing Officer or Director

Date