


2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N05000008486</b>	
1. Entity Name KIWANIS CLUB OF NORTH PORT EARLY BIRDS, INC.	

Principal Place of Business P. O. BOX 7185 NORTH PORT, FL 34287 US	Mailing Address P. O. BOX 7185 NORTH PORT, FL 34287 US
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**DO NOT WRITE IN THIS SPACE**



04302008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-3346407	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  PICKRELL, LINDA L 12739 S. TAMiami TRAIL NORTH PORT, FL 34287
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**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, LARRY 3514 LASLO AVE. NORTH PORT, FL 34287
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELIN FANTE, ALBERTO 3143 NEWARK ST NORTH PORT, FL 34286
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PICKRELL, LINDA L 12739 S. TAMiami TRAIL NORTH PORT, FL 34287
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PICKRELL, PHILLIP W 12739 S. TAMiami TRAIL NORTH PORT, FL 34287
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALLEN-EMRICH, ELAINE 8408 LABOCA AVENUE NORTH PORT, FL 34287
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JORDAN, BARBARA 4252 FONISCA AVENUE NORTH PORT, FL 34286

U000000945695  
05/30/08-80019-004 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	4/29/08 941-426-4773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #