## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000008486

FILED Apr 16, 2009 Secretary of State

Entity Name: KIWANIS CLUB OF NORTH PORT EARLY BIRDS, INC.

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

P. O. BOX 7185 12691 S TAMIAMI TRAIL

NORTH PORT, FL 34287 US NORTH PORT, FL 34287 US

Current Mailing Address: New Mailing Address:

P. O. BOX 7185

NORTH PORT, FL 34287 US

FEI Number: 20-3346407 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:

PICKRELL, LINDA L

12739 S. TAMIAMI TRAIL

NORTH PORT, FL 34287 US

MILLER, DESIREE

2605 ENSENADA LANE

NORTH PORT, FL 34286 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: DESIREE MILLER 04/16/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Delete Title: P (X) Change ( ) Addition Name: BROWN, LARRY Name: RICHARD, CUCCHI

 Address:
 3514 LASLO AVE.
 Address:
 12691 S TAMIAMI TRAIL

 City-St-Zip:
 NORTH PORT, FL 34287
 City-St-Zip:
 NORTH PORT, FL 34287 US

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

Name: BELIN FANTE, ALBERTO Name: TOM, JONES

 Address:
 3143 NEWARK ST
 Address:
 3552 TROPICARE BLVD

 City-St-Zip:
 NORTH PORT, FL 34286 US
 City-St-Zip:
 NORTH PORT, FL 34286 US

Title: S () Delete Title: S (X) Change () Addition

 Name:
 PICKRELL, LINDA L
 Name:
 BERRY, SHERRY

 Address:
 12739 S. TAMIAMI TRAIL
 Address:
 7141 BECKWITH AVE

 City-St-Zip:
 NORTH PORT, FL 34287 FL
 City-St-Zip:
 NORTH PORT, FL 34291 US

Title: T ( ) Delete Title: T (X) Change ( ) Addition

 Name:
 PICKRELL, PHILLIP W
 Name:
 MILLER, DESIREE

 Address:
 12739 S. TAMIAMI TRAIL
 Address:
 2605 ENSENADA LANE

 City-St-Zip:
 NORTH PORT, FL 34287 US
 City-St-Zip:
 NORTH PORT, FL 34286 US

Title: P ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 ALLEN-EMRICH, ELAINE
 Name:

 Address:
 8408 LABOCA AVENUE
 Address:

 City-St-Zip:
 NORTH PORT, FL 34287 US
 City-St-Zip:

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

Name:JORDAN, BARBARAName:KATHY, FORSYTHAddress:4252 FONISCA AVENUEAddress:3351 TUCSON RD

City-St-Zip: NORTH PORT, FL 34286 US City-St-Zip: NORTH PORT, FL 34286 US

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: DESIREE MILLER TREA 04/16/2009

Electronic Signature of Signing Officer or Director

Date