

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011118

FILED  
Mar 18, 2008  
Secretary of State

Entity Name: KIWANIS CLUB OF FT. KING AT OCALA, FLORIDA, INC.

## Current Principal Place of Business:

ELKS LODGE #286  
702 N.E. 25 AVE  
OCALA, FL 344706318

## New Principal Place of Business:

## Current Mailing Address:

KIWANIS CLUB OF FORT KING OCALA  
P.O. BOX 6835  
OCALA, FL 344786835

## New Mailing Address:

FEI Number: 74-3039971

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COLE, JANICE  
4551 S.E. 39TH COURT  
OCALA, FL 34480 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: P ( ) Delete  
Name: LAURIE, DON  
Address: P.O. BOX 6835  
City-St-Zip: OCALA, FL 344786835

Title: V ( ) Delete  
Name: GREEN, JUDY  
Address: P.O. BOX 6835  
City-St-Zip: OCALA, FL 344786835

Title: S ( ) Delete  
Name: CLAUDIO, LAINIE  
Address: P.O. BOX 6835  
City-St-Zip: OCALA, FL 344786835

Title: T ( ) Delete  
Name: HENRY, BARBARA  
Address: P.O. BOX 6835  
City-St-Zip: OCALA, FL 344786835

Title: D ( ) Delete  
Name: BARBER, KET  
Address: P.O. BOX 6835  
City-St-Zip: OCALA, FL 344786835

Title: D ( ) Delete  
Name: PICCIN, JOHN  
Address: P.O. BOX 6835  
City-St-Zip: OCALA, FL 344786835

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: GREEN, JUDY  
Address: P.O. BOX 6835  
City-St-Zip: OCALA, FL 344786835

Title: V (X) Change ( ) Addition  
Name: GUYTON, KATHRINE  
Address: P.O. BOX 6835  
City-St-Zip: OCALA, FL 344786835

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: HANCHER, IRENE  
Address: P.O. BOX 6835  
City-St-Zip: OCALA, FL 344786835

Title: D (X) Change ( ) Addition  
Name: LAURIE, DON  
Address: P.O. BOX 6835  
City-St-Zip: OCALA, FL 344786835

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: DON LAURIE

D

03/18/2008

Electronic Signature of Signing Officer or Director

Date