# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 21, 2009**
**Secretary of State**

DOCUMENT# N05000011118

**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: GREEN, JUDY
Address: P.O. BOX 6835
City-St-Zip: OCALA, FL 344786835

Title: V ( ) Delete
Name: GUYTON, KATHRINE
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: HANCHER, IRENE
Address: P.O. BOX 6835
City-St-Zip: OCALA, FL 344786835

Title: D ( ) Delete
Name: LAURIE, DON
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: GUYTON, KATHRINE
Address: P.O. BOX 6835
City-St-Zip: OCALA, FL 344786835

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

Title: D (X) Change ( ) Addition
Name: BARBER, KET
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 T 04/21/2009

Electronic Signature of Signing Officer or Director — Date