2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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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
Name: WILSON, JUDY K PHD
Address: P.O. BOX 6835
City-St-Zip: OCALA, FL 344786835

Title: V
Name: PICCIN, JOHN ATTNY
Address: P.O. BOX 6835
City-St-Zip: OCALA, FL 344786835

Title: S
Name: GUYTON, KATHERINE
Address: P.O. BOX 6835
City-St-Zip: OCALA, FL 344786835

Title: T
Name: LAURIE, DON
Address: P.O. BOX 6835
City-St-Zip: OCALA, FL 344786835

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

Title: D
Name: CLAUDIO, LAINIE
Address: P.O. BOX 6835
City-St-Zip: OCALA, FL 344786835

I hereby 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 all other like empowered.

SIGNATURE: JUDY K WILSON PHD PRES 02/02/2011

Electronic Signature of Signing Officer or Director — Date