

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011680

FILED
Mar 28, 2009
Secretary of State

Entity Name: KIWANIS CLUB OF LARGO/MID PINELLAS, INC.

Current Principal Place of Business:

LARGO COMMUNITY CENTER
65 4TH STREET NW
LARGO, FL 33770

New Principal Place of Business:

Current Mailing Address:

PO BOX 2043
LARGO, FL 337792043

New Mailing Address:

FEI Number: 87-0748986

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HURLEY, LISA
311 S MISSOURI AVE
CLEARWATER, FL 33756 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: WATKINS, JOHN E
Address: 11759 96TH PL N
City-St-Zip: SEMINOLE, FL 33772

Title: VP () Delete
Name: LAKE, LEANNE C
Address: 1606 LAKE AVE NE
City-St-Zip: LARGO, FL 33771

Title: T () Delete
Name: BLACK, MARY G
Address: 1860 HARMONY DR
City-St-Zip: CLEARWATER, FL 33756

Title: S () Delete
Name: HURLEY, LISA B
Address: 910 PALMETTO DR
City-St-Zip: SAFETY HARBOR, FL 34695

Title: D () Delete
Name: HALVORSEN, JEAN M
Address: 79 ROYAL PALM CIR
City-St-Zip: LARGO, FL 33778

Title: D () Delete
Name: RULLO, LILA JANE
Address: 12245 ELDON DRIVE
City-St-Zip: LARGO, FL 33774

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LAKE, LEANNE C
Address: 1606 LAKE AVE NE
City-St-Zip: LARGO, FL 33771

Title: VP (X) Change () Addition
Name: BABCOCK, CARL
Address: 14820 MOCKINGBIRD LN W
City-St-Zip: CLEARWATER, FL 33760

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

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

Title: D (X) Change () Addition
Name: SIMMONS, MICHELLE
Address: 3112 SWAN LN
City-St-Zip: SAFETY HARBOR, FL 34695

Title: D (X) Change () Addition
Name: ANKERBERG, CHARLES W
Address: 5190 44TH ST S
City-St-Zip: ST PETERSBURG, FL 33711

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: LISA B. HURLEY

S

03/28/2009

Electronic Signature of Signing Officer or Director

Date