

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Nov 14, 2008
Secretary of State

DOCUMENT# N06000008113

Entity Name: KIWANIS CLUB OF FORT MYERS-METRO INC**Current Principal Place of Business:**12148 S. CLEVELAND AVE.
FORT MYERS, FL 33907**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 7493
FORT MYERS, FL 33911**New Mailing Address:****FEI Number:** 01-0869691**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SEGEL, HARRIS M
2049 MARAVILLA CIRCLE
FORT MYERS, FL 33901 US**Name and Address of New Registered Agent:**NEWELL, DEBRA A
4670 SUMMERLIN RD
FORT MYERS, FL 33919 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: DEBRA NEWELL

11/14/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SEGEL, HARRIS M
Address: 2049 MARAVILLA CIRCLE
City-St-Zip: FORT MYERS, FL 33901

Title: V () Delete
Name: GRAHAM, SHERRI
Address: 1021 SE 24TH ST.
City-St-Zip: CAPE CORAL, FL 33990

Title: S () Delete
Name: KOESTER, DAVID
Address: 2825 SW 36TH
City-St-Zip: CAPE CORAL, FL 33990

Title: T () Delete
Name: KING, PATRICK
Address: 2671 SWAMP CABBAGE COURT
City-St-Zip: FORT MYERS, FL 33901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GRAHAM, SHERRI
Address: 1021 SE 24TH ST
City-St-Zip: CAPE CORAL, FL 33990

Title: V (X) Change () Addition
Name: PELLE, HANNAH
Address: 8290 SUMNER AVE
City-St-Zip: FORT MYERS, FL 33908

Title: T (X) Change () Addition
Name: NEWELL, DEBRA
Address: 4670 SUMMERLIN RD
City-St-Zip: FORT MYERS, FL 33919

Title: S (X) Change () Addition
Name: KING, PATRICK
Address: 2671 SWAMP CABBAGE COURT
City-St-Zip: FORT MYERS, FL 33901

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: DEBRA NEWELL

T

11/14/2008

Electronic Signature of Signing Officer or Director

Date