2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007459

Entity Name: DUNEDIN KIWANIS FOUNDATION, INC.

FILED Jan 08, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2226 SNEAD AVE. DUNEDIN, FL 34698 **Current Mailing Address: New Mailing Address:** PO BOX 41 DUNEDIN, FL 34697 FEI Number: 59-6168905 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DEANE, SHEILA 2226 SNEAD AVE. DUNEDIN, FL 34698 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition GAHAS, CHRISTOPHER FOX, ELE Name: Name: 745 MAIN ST, STE. B Address: 1455 RIDGELANE ROAD Address: City-St-Zip: DUNEDIN, FL 34698 City-St-Zip: CLEARWATER, FL 33755 Title: Title: (X) Change () Addition () Delete Name: GATTAS, CHRISTOPHER Name: GATTAS, CHRISTOPHER Address: 745 MAIN STREET STE B Address: 745 MAIN STREET STE B City-St-Zip: DUNEDIN, FL 34698 City-St-Zip: DUNEDIN, FL 34698 Title: () Delete Title: (X) Change () Addition DEANE, SHEILA ROMAN, PAULA Name: Name: 2226 SNEAD AVE Address: Address: 2196 MAIN STREET City-St-Zip: DUNEDIN, FL 34698 City-St-Zip: DUNEDIN, FL 34698 Title: () Delete Title: () Change () Addition Name: NANDRAN, ROBERT Name: 2147 FIESTA DRIVE Address: Address: City-St-Zip: DUNEDIN, FL 34698 City-St-Zip: Title: () Delete Title: (X) Change () Addition GLEASON, LAURANCE GARRISON, JOE Name: Name: 2412 SUMMERWOOD COURT 416 DOUGLAS AVENUE Address: Address: City-St-Zip: DUNEDIN, FL 34698 City-St-Zip: DUNEDIN, FL 34698 Title: () Delete Title: () Change () Addition COLLMAN, RODNEY Name: Name: Address: 215 HANCOCK STREET Address: DUNEDIN, FL 34698 City-St-Zip: 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: JOSEPH E GARRISON D 01/08/2009