

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011666

FILED
Apr 23, 2008
Secretary of State

Entity Name: KIWANIS CLUB OF GREATER COLLIER, INC.

Current Principal Place of Business:

1920 MANATEE ROAD
MANATEE MIDDLE SCHOOL
NAPLES, FL 34113 US

New Principal Place of Business:

Current Mailing Address:

375 FIFTH AVENUE SOUTH
100
NAPLES, FL 34113 US

New Mailing Address:

FEI Number: 61-1542823 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MICHAEL L. KRAUS, P.A.
375 FIFTH AVENUE SOUTH
100
NAPLES, FL 34102 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: CHOI, SCHOLASTICA
Address: 1920 MANTEE ROAD
City-St-Zip: NAPLES, FL 34113 US

Title: VP () Delete
Name: MORRIS, LESLIE
Address: 1920 MANATEE ROAD
City-St-Zip: NAPLES, FL 34113 US

Title: T () Delete
Name: COX, JANE
Address: 720 FIFTH AVENUE SOUTH
City-St-Zip: NAPLES, FL 34102 US

Title: S () Delete
Name: KRAUS, MICHAEL
Address: 375 FIFTH AVENUE SOUTH
City-St-Zip: NAPLES, FL 34102 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: STRICKLER, DIANA
Address: 1920 MANATEE ROAD
City-St-Zip: NAPLES, FL 34113 US

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: MICHAEL KRAUS

S

04/23/2008

Electronic Signature of Signing Officer or Director

Date