

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07457

FILED
Jan 15, 2007
Secretary of State

Entity Name: KIWANIS CLUB OF INVERNESS, FLORIDA, INC.

Current Principal Place of Business:

1645 WEST MAIN STREET
INVERNESS, FL 34450 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 2103
INVERNESS, FL 34451

New Mailing Address:

FEI Number: 59-0288910

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMALLRIDGE, MICHAEL
1645 WEST MAIN STREET
INVERNESS, FL 34450 US

Name and Address of New Registered Agent:

EVERIDGE, CHUCK
1645 WEST MAIN STREET
INVERNESS, FL 34450 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: CHUCK EVERIDGE

01/15/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ROGERS, MARK
Address: SWEETPINE STREET
City-St-Zip: INVERNESS, FL 34450

Title: D () Delete
Name: EVERIDGE, CHUCK
Address: 425 WEST BRITIAN STREET
City-St-Zip: HERNANDO, FL 34442

Title: D () Delete
Name: BRYANT, SHANE T
Address: 8643 SWEETWATER DR
City-St-Zip: INVERNESS, FL 34450

Title: D () Delete
Name: BENNETT, BART
Address: 408 HWY 41 S.
City-St-Zip: INVERNESS, FL 34450

Title: D () Delete
Name: HOLDER, JAMES
Address: P O BOX 422
City-St-Zip: INVERNESS, FL 34451

Title: P () Delete
Name: DUMAS, RONALD L
Address: 324 CAMELLIA AVE
City-St-Zip: INVERNESS, FL 34452

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CHUCK EVERIDGE

TRES

01/15/2007

Electronic Signature of Signing Officer or Director

Date