

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005386

FILED
Apr 30, 2009
Secretary of State

Entity Name: KIWANIS CLUB OF SAN CARLOS PARK - ESTERO INC.

Current Principal Place of Business:

18419 CAMELLIA RD
FORT MYERS, FL 33967

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1298
ESTERO, FL 33928

New Mailing Address:

FEI Number: 59-2161758

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAHAM, KEVIN
18419 CAMELLIA RD
FORT MYERS, FL FL 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: DEVLIN, LARRY
Address: 3612 SW 3RD AVE
City-St-Zip: CAPE CORAL, FL 33914

Title: SEC () Delete
Name: MERRIAM, KUSHNER
Address: 7571 WINGED FOOT CIRCLE
City-St-Zip: FORT MYERS, FL 33967

Title: TRES () Delete
Name: GRAHAM, KEVIN
Address: 18419 CAMELLIA RD
City-St-Zip: FORT MYERS, FL 33967

Title: DIR () Delete
Name: CORDELL, WALLY
Address: 8144 NEW JERSEY BLVD
City-St-Zip: FORT MYERS, FL 33967

Title: DIR () Delete
Name: HERRMANN, ROBERT J
Address: 14571 LAKE OLIVE DRIVE
City-St-Zip: FORT MYERS, FL 33913

Title: DIR () Delete
Name: MATHEWS, MCCLURE
Address: 12828 DORNOCH CT
City-St-Zip: FORT MYERS, FL 33912

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
Name:
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 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: KEVIN GRAHAM

TRES

04/30/2009

Electronic Signature of Signing Officer or Director

Date