


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N08522</b> 1. Entity Name KIWANIS CLUB OF BRADENTON-SUNRISE, INC.	
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Principal Place of Business C/O SUNRISE KIWANIS P O BOX 1697 BRADENTON, FL 34206	Mailing Address C/O SUNRISE KIWANIS P O BOX 1697 BRADENTON, FL 34206
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01102005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2874710	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  
  
HILDEBRANDT, MARK  
PO BOX 985  
BRADENTON, FL 34206

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LONGO, VALERIE PO BOX 201 ELLENTON, FL 34222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HILDEBRANDT, MARK PO BOX 985 BRADENTON, FL 34206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BIRKHOLZ, RICHARD 930 5TH ST PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAULSIR, JONATHAN 5315 36TH AVE CIR W BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000225829  
02/11/05-80051-024 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE** MARK HILDEBRANDT 1/31/05 729 5202  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #