

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N08522

1. Entity Name

KIWANIS CLUB OF BRADENTON-SUNRISE, INC.



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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/05)

City & State

City & State

4. FEI Number

59-2874710

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HILDEBRANDT, MARK
PO BOX 985
BRADENTON FL 34206

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	S	☐ Delete
NAME	LONGO, VALERIE	
STREET ADDRESS	PO BOX 201	
CITY-ST-ZIP	ELLENTON FL 34222	
TITLE	TD	☐ Delete
NAME	HILDEBRANDT, MARK	
STREET ADDRESS	PO BOX 985	
CITY-ST-ZIP	BRADENTON FL 34206	
TITLE	P	☐ Delete
NAME	BIRKHOLZ, RICHARD	
STREET ADDRESS	930 5TH ST	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	D	☐ Delete
NAME	BAULSIR, JONATHAN	
STREET ADDRESS	5315 36TH AVE CIR W	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

U00000422563
02/17/06-80021-020 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 817, 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