

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08613

FILED
Apr 28, 2009
Secretary of State

Entity Name: KIWANIS CLUB OF PORT CHARLOTTE, SUNRISE, FLORIDA, INC.

Current Principal Place of Business:

222 NESBIT STREET
PUNTA GORDA, FL 33950

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 511088
PUNTA GORDA, FL 339511088

New Mailing Address:

FEI Number: 59-1906990

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HORNER, MICHAEL
222 NESBIT STREET
PUNTA GORDA, FL 33950 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: DP () Delete
Name: WALSH, JAMES
Address: 1951D TAMiami TRAIL
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: DVP () Delete
Name: SMITH, CHRISTINE K
Address: 4056 OAKVIEW DRIVE NO. 3
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: SD () Delete
Name: ROBBINS, JOAN L
Address: 20004 BEHAN COURT
City-St-Zip: PT. CHARLOTTE, FL 33952

Title: TD () Delete
Name: HORNER, MIKE
Address: 422 MADRID BLVD
City-St-Zip: PUNTA GORDA, FL 33950

Title: D () Delete
Name: KUCHAR, PATTY
Address: 11800 TW DALLAS
City-St-Zip: LAKE SUZY, FL 34267

Title: D () Delete
Name: HULL, ROBERT D
Address: 2152 NUREMBERG BLVD
City-St-Zip: PUNTA GORDA, FL 33983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: SMITH, CHRISTINE K
Address: 4056 OAKVIEW DRIVE #3
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: DVP (X) Change () Addition
Name: NATOLI, TOM
Address: 3622 TAMiami TRAIL
City-St-Zip: PORT CHARLOTTE, FL 33952

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

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

Title: D (X) Change () Addition
Name: KUCHAR, PATTY
Address: 11800 SW DALLAS
City-St-Zip: LAKE SUZY, FL 34267

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 HORNER

TREA

04/28/2009

Electronic Signature of Signing Officer or Director

Date