

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90213 049 ****61.25

DOCUMENT # N08978

1. Entity Name
KIWANIS CLUB OF ASTOR, FLORIDA, INC.



Principal Place of Business
P.O. BOX 365
ASTOR, FL 32102 US

Mailing Address
P.O. BOX 365
ASTOR, FL 32102 US

40057000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02242008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
23-7447509

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

ALSOP, DONNA
55914 BAY RD.
ASTOR, FL 32102

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 *Donna C Alsop*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/28/08

**Filing Fee is \$61.25
Due by May 1, 2008**

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 | VP | <input checked="" type="checkbox"/> Delete |
| NAME | BRAINARD, CANDICE | |
| STREET ADDRESS | PO BOX 562 | |
| CITY-ST-ZIP | ASTOR, FL 32102 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | ALSOP, DONNA C | |
| STREET ADDRESS | 56914 BAY RD | |
| CITY-ST-ZIP | ASTOR, FL 32102 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | PRIVETTE, MAGGIE | |
| STREET ADDRESS | 55819 KEITH ST | |
| CITY-ST-ZIP | ASTOR, FL 32102 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | GORDON, JEAN | |
| STREET ADDRESS | 55620 LEE STREET | |
| CITY-ST-ZIP | ASTOR, FL 32102 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|----------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PRIVETTE, MARGARET | |
| STREET ADDRESS | 55819 KEITH ST | |
| CITY-ST-ZIP | ASTOR FL 32102 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | TREASURER | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | NANCY STROUD | |
| STREET ADDRESS | 56250 CHERRY TREE LN | |
| CITY-ST-ZIP | ASTOR FL 32102 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Jean M Gordon, Sec'y*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEAN M. GORDON 2/28/08 352-759-2279

Date

Daytime Phone #