2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2009
Secretary of State

DOCUMENT# N08978

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

Current Principal Place of Business:

P.O. BOX 365
ASTOR, FL 32102 US

New Principal Place of Business:

55914 BAY ROAD
ASTOR, FL 32102 US

Current Mailing Address:

P.O. BOX 365
ASTOR, FL 32102 US

New Mailing Address:

FEI Number: 23-7447509 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALSOP, DONNA
55914 BAY RD.
ASTOR, FL 32102 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: VP ( ) Delete
Name: BRAINARD, CANDICE
Address: PO BOX 562
City-St-Zip: ASTOR, FL 32102

Title: P ( ) Delete
Name: ALSOP, DONNA C
Address: 56914 BAY RD
City-St-Zip: ASTOR, FL 32102

Title: VP (X) Delete
Name: PRIVETTE, MAGGIE
Address: 55819 KEITH ST
City-St-Zip: ASTOR, FL 32102

Title: S ( ) Delete
Name: GORDON, JEAN
Address: 55620 LEE STREET
City-St-Zip: ASTOR, FL 32102

Title: T (X) Delete
Name: STROUD, NANCY
Address: 56250 CHERRY TREE LN
City-St-Zip: ASTOR, FL 32102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: OMERZU, TONY
Address: PO BOX 365
City-St-Zip: ASTOR, FL 32102

Title: P (X) Change ( ) Addition
Name: ALSOP, DONNA C
Address: 55914
City-St-Zip: ASTOR, FL 32102

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: DONNA ALSOP P 03/13/2009

Electronic Signature of Signing Officer or Director — Date