

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000005637

FILED
Mar 20, 2012
Secretary of State

Entity Name: FORT PIERCE SUNRISE KIWANIS FOUNDATION, INC.

Current Principal Place of Business:

10960 KIMBERFYLD LANE
PT ST LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

PO BOX 3288
FT. PIERCE, FL 34948

New Mailing Address:

FEI Number: 27-0357620

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCGUIRE, DAVID
600 CITRUS AVENUE
SUITE 200
FORT PIERCE, FL 34950 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: D
Name: LISK, LAURIE
Address: 3801 SE OVERBROOK DR
City-St-Zip: PT ST LUCIE, FL 34952

Title: S
Name: MAZUR, FRANCIS J III
Address: 5225 TOPAZ LN SW
City-St-Zip: VERO BEACH, FL 32968

Title: T
Name: GUETTLER, KARL
Address: 10960 KIMBERFYLD LANE
City-St-Zip: PT ST LUCIE, FL 34986

Title: D
Name: KNOTT, TOM
Address: 1148 FERNANDINA STREET
City-St-Zip: FORT PIERCE, FL 34949

Title: D
Name: DAVIS, WAYNE
Address: 197 TUMBLIN KLING ROAD
City-St-Zip: FORT PIERCE, FL 34982

Title: D
Name: KEIM, BARRY A
Address: 5103 PALEO PINES CIRCLE
City-St-Zip: FORT PIERCE, FL 34951

I hereby 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 all other like empowered.

SIGNATURE: LAURIE LISK

D

03/20/2012

Electronic Signature of Signing Officer or Director

Date