2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10117

FILED Mar 14, 2008 Secretary of State

Entity Name: KIWANIS CLUB OF IONA-MCGREGOR, INC.

Current Principal Place of Business: New Principal Place of Business:

HELM CLUB FRENCH ROAST CAFE 4420 FLAGSHIP DR 12995 S. CLEVELAND AVE FT MYERS, FL 33919 US FT MYERS, FL 33907

Current Mailing Address: New Mailing Address:

9131 COLLEGE PKWY 9131 COLLEGE PKWY STE 155 STE 13-B BOX 227

FT. MYERS, FL 33919 US FT. MYERS, FL 33919 US

FEI Number: 59-2062761 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GAPP, ANTON 11220 LONGWATER CHASE COURT FORT MYERS, FL 33908

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PPD (X) Change () Addition () Delete RUETH, PATTI WILLISON, KATHY Name: Name: 434 NW 38 PLACE Address: 12800 UNIVERSITY DR #175 Address:

City-St-Zip: CAPE CORAL, FL 33993 City-St-Zip: FORT MYERS, FL 33907

(X) Change () Addition Title: () Delete Title: WILLISON, KATHY Name: BEATTY, SCOTT Name:

Address: 12800 UNIVERSITY DR #175 Address: 12971 MCGREGOR BLVD City-St-Zip: FORT MYERS, FL 33907 City-St-Zip: FORT MYERS, FL 33919

Title: PED () Delete Title: (X) Change () Addition

TRAPANESE, ADA A TRAPANESE, ADA A Name: Name: Address: 1088 BREVITY LN Address: 1088 BREVITY LN City-St-Zip: FORT MYERS, FL 33919 City-St-Zip: FORT MYERS, FL 33919

Title: SD () Delete Title: () Change () Addition

GAPP, ANTON Name: Name: 11220 LONGWATER CHASE Address: Address: City-St-Zip: FORT MYERS, FL 33908 City-St-Zip:

Title: () Delete Title: () Change () Addition

GRANT, WILLIAM Name: Name: 5651 HALFAX AVE, STE # 6 Address: Address: City-St-Zip: FORT MYERS, FL 33912 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: ANTON GAPP SECT 03/14/2008

Electronic Signature of Signing Officer or Director

Date