## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10117

FILED Apr 16, 2009 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** FRENCH ROAST CAFE 12995 S. CLEVELAND AVE FT MYERS, FL 33907 **New Mailing Address: Current Mailing Address:** 9131 COLLEGE PKWY STE 155 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 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete WILLISON, KATHY WILLISON, KATHY Name: Name: 12800 UNIVERSITY DR #175 Address: 12800 UNIVERSITY DR #175 Address: City-St-Zip: FORT MYERS, FL 33907 City-St-Zip: FORT MYERS, FL 33907 Title: () Delete Title: PD (X) Change ( ) Addition BEATTY, SCOTT Name: BEATTY, SCOTT Name: Address: 12971 MCGREGOR BLVD Address: 12971 MCGREGOR BLVD City-St-Zip: FORT MYERS, FL 33919 City-St-Zip: FORT MYERS, FL 33919 Title: () Delete Title: () Change () Addition TRAPANESE, ADA A Name: Name: Address: 1088 BREVITY LN Address: City-St-Zip: FORT MYERS, FL 33919 City-St-Zip: Title: SD ( ) Delete Title: TD (X) Change ( ) Addition GAPP, ANTON GAPP, ANTON Name: Name:

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.

Address:

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

City-St-Zip:

SIGNATURE: ANTON GAPP TD 04/16/2009

11220 LONGWATER CHASE

5651 HALFAX AVE, STE # 6

FORT MYERS, FL 33912

() Delete

() Delete

FORT MYERS, FL 33908

GRANT, WILLIAM

Address:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

City-St-Zip:

11220 LONGWATER CHASE

5651 HALFAX AVE, STE # 6

14186 GROSSE POINT LANE FORT MYERS, FL 33919

FORT MYERS, FL 33912

HUTCHISON, ROSANA

(X) Change ( ) Addition

( ) Change (X) Addition

FORT MYERS, FL 33908

GRANT, WILLIAM