2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10258

FILED Jan 16, 2009 Secretary of State

Entity Name: KIWANIS CLUB OF THE PLAYGROUND AREA, INC.

Current Principal Place of Business: New Principal Place of Business: 945-F ASHLEY LANE FORT WALTON BEACH, FL 32547 US **Current Mailing Address: New Mailing Address:** PO BOX 507 P.O. BOX 507 SHALIMAR, FL 32579 US SHALIMAR, FL 32579 US FEI Number: 59-6569622 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STEWART, TOM 945-F ASHLEY LANE FORT WALTON BEACH, FL 32547 US 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: () Delete () Change () Addition HORN, PAUL D Name: Name: 617 CAMBRIDGE AVE NE Address: Address: City-St-Zip: FORT WALTON BEACH, FL 325471839 US City-St-Zip: Title: Title: () Delete (X) Change () Addition SEE, RICHARD Name: OTT, CRATE Name: Address: 133 WOODBINE CIRCLE Address: 105 WRIGHT PARKWAY NO.60 City-St-Zip: FORT WALTON BEACH, FL 32548 City-St-Zip: FORT WALTON BEACH, FL 32548 Title: PD() Delete Title: PD (X) Change () Addition ROLAND, CHUCK GASPARIAN, RICHARD Name: Name: 435 GREEN ACRES ROAD Address: Address: P. O. BOX 448 City-St-Zip: FORT WALTON BEACH, FL 32547 City-St-Zip: SHALIMAR, FL 32579 Title: Title: () Change () Addition () Delete Name: DODD, KATHIE Name: 713 OVERBROOK DR. Address: Address: City-St-Zip: FORT WALTON BEACH, FL 32547 City-St-Zip: Title: () Delete Title: () Change () Addition STEWART, TOM Name: Name: 945-F ASHLEY LANE Address: Address: City-St-Zip: FORT WALTON BEACH, FL 32547 City-St-Zip: Title: () Delete Title: (X) Change () Addition GASPARIAN, RICHARD ROWLAND, CHUCK Name: Name: Address: PO BOX 448 Address: 435 GREEN ACRES ROAD FORT WALTON BEACH, FL 32547 SHALIMAR, FL 32579 City-St-Zip: 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: PAUL D. HORN TD 01/16/2009