2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008
Secretary of State

DOCUMENT# N12474

Entity Name: KIWANIS CLUB OF DOWNTOWN BREAKFAST, INC.

Current Principal Place of Business:

213 CIRCLE PARK DRIVE
SEBRING, FL 33870 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 8952
SEBRING, FL 33872 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

STROUP, CHARLEEN
1050 CRACKER HAMMOCK
SEBRING, FL 33875 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:	PD	( ) Delete
Name:	SHINHOLSER, OLIN	
Address:	430 SOUTH COMMERCE AVENUE	
City-St-Zip:	SEBRING, FL 33870 US	
Title:	VD	( ) Delete
Name:	KAISER, MARIA	
Address:	338 S. ORANGE ST.	
City-St-Zip:	SEBRING, FL 33870 US	
Title:	D	( ) Delete
Name:	HOLMES, MARY	
Address:	3135 KENILWORTH BLVD.	
City-St-Zip:	SEBRING, FL 33870 US	
Title:	SD	( ) Delete
Name:	NUGENT, JUDY	
Address:	2815 PAR ROAD	
City-St-Zip:	SEBRING, FL 338721230 US	
Title:	DT	( ) Delete
Name:	COLLIER, KEVIN	
Address:	3411 AUSTIN ST.	
City-St-Zip:	SEBRING, FL 33872 US	
Title:	D	( ) Delete
Name:	COLANGELO, JOE	
Address:	239 JAY AVE.	
City-St-Zip:	SEBRING, FL 33872 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: CHARLEEN STROUP TRES 05/05/2008
Electronic Signature of Signing Officer or Director — Date