


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2005 08:00 AM
Secretary of State

DOCUMENT # N13324	
1. Entity Name KIWANIS CLUB OF FORT PIERCE-SUNRISE, INC.	

Principal Place of Business % STEPHEN P. HOSKINS, 302 S. 2ND ST. PO BOX 3288 FT. PIERCE, FL 34948-0288	Mailing Address % STEPHEN P. HOSKINS, 302 S. 2ND ST. PO BOX 3288 FT. PIERCE, FL 34948-0288
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07112005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2652391	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HOSKINS, STEPHEN P. 302 S 2ND ST FT. PIERCE, FL 34948	DO NOT WRITE IN THIS SPACE
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

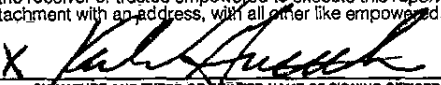
Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, DON 2510 NEWPORT DR FT PIERCE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GUETTLER, KARL 10960 KIMBERFYLD LN PORT SAINT LUCIE, FL 34986
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CREBASSA, MARY ANN P O BOX 650015 VERO BEACH, FL 32965
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MORGAN, ARTINA 1776 STONYBROOK DR FORT PIERCE, FL 34945
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VARELLA, FRANK 319 OLIVE AVE PORT SAINT LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAIKES, WILLIAM E 302 S 2ND ST FT. PIERCE, FL 34950

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07/13/05-80003-014 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X**  **7-11-05** **722-462-7368**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #