

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2007 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**



02082007 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
59-2652391

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	NELSON, DON
STREET ADDRESS	2510 NEWPORT DR
CITY-ST-ZIP	FT PIERCE, FL
TITLE	DT
NAME	GUETTLER, KARL
STREET ADDRESS	10960 KIMBERFYLD LN
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34986
TITLE	D
NAME	CREBASSA, MARY ANN
STREET ADDRESS	P O BOX 650015
CITY-ST-ZIP	VERO BEACH, FL 32965
TITLE	D
NAME	BOTTORFF, E. ALLEN
STREET ADDRESS	1300 W WEATHERLEE RD
CITY-ST-ZIP	FORT PIERCE, FL 34982
TITLE	D
NAME	VARELLA, FRANK
STREET ADDRESS	319 OLIVE AVE
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952
TITLE	D
NAME	RAIKES, WILLIAM E
STREET ADDRESS	302 S 2ND ST
CITY-ST-ZIP	FT. PIERCE, FL 34950

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02/27/07-80027-002 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-07

Date

772-201-2959

Daytime Phone #