

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2008 8:00 am**  
**Secretary of State**

02-15-2008 90010 018 \*\*\*\*61.25

<b>DOCUMENT # N13324</b> 1. Entity Name <b>KIWANIS CLUB OF FORT PIERCE-SUNRISE, INC.</b>					
Principal Place of Business <b>% STEPHEN P. HOSKINS, 302 S. 2ND ST. PO BOX 3288 FT. PIERCE, FL 34948-0288</b>				Mailing Address <b>% STEPHEN P. HOSKINS, 302 S. 2ND ST. PO BOX 3288 FT. PIERCE, FL 34948-0288</b>	
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>59-2652391</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>HOSKINS, STEPHEN P. 302 S 2ND ST FT. PIERCE, FL 34948</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NELSON, DON</b> <b>2510 NEWPORT DR</b> <b>FT PIERCE, FL</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>GUETTLER, KARL</b> <b>10980 KIMBERFYLD LN</b> <b>PORT SAINT LUCIE, FL 34986</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CREBASSA, MARY ANN</b> <b>P O BOX 650015</b> <b>VERO BEACH, FL 32965</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>J. Wayne Davis</b> <b>197 Tumblin Kling Rd</b> <b>Ft Pierce, FL 34950</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BOTTORFF, E. ALLEN</b> <b>1300 W WEATHERLEE RD</b> <b>FORT PIERCE, FL 34982</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VARELLA, FRANK</b> <b>319 OLIVE AVE</b> <b>PORT SAINT LUCIE, FL 34952</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Calvin Lane</b> <b>830 S Coquina Ave</b> <b>Ft Pierce, FL 34951</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RAIKES, WILLIAM E</b> <b>302 S 2ND ST</b> <b>FT. PIERCE, FL 34950</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <i>Karl V. Guettler</i> <b>Karl V. Guettler, 2-11-08 772 462-7760</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					