2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# N13324

Entity Name: KIWANIS CLUB OF FORT PIERCE-SUNRISE, INC.

Current Principal Place of Business:

% STEPHEN P. HOSKINS, 302 S. 2ND ST.
PO BOX 3288
FT. PIERCE, FL 349480288

New Principal Place of Business:

% STEPHEN P. HOSKINS
302 S 2ND STREET
FT. PIERCE, FL 34950

Current Mailing Address:

% STEPHEN P. HOSKINS, 302 S. 2ND ST.
PO BOX 3288
FT. PIERCE, FL 349480288

New Mailing Address:

PO BOX 3288
FT. PIERCE, FL 34948

FEI Number: 59-2652391 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOSKINS, STEPHEN P.
302 S 2ND ST
FT. PIERCE, FL 34948 US

Name and Address of New Registered Agent:

HOSKINS, STEPHEN P.
302 S 2ND ST
FT. PIERCE, FL 34950 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: _____ 04/24/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: NELSON, DON
Address: 2510 NEWPORT DR
City-St-Zip: FT PIERCE, FL

Title: DT ( ) Delete
Name: GUETTLER, KARL
Address: 10960 KIMBERFYLD LN
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: D ( ) Delete
Name: DAVIS, J. WAYNE
Address: 197 TUMBLIN KLING RD
City-St-Zip: FORT PIERCE, FL 34950

Title: D ( ) Delete
Name: BOTTORFF, E. ALLEN
Address: 1300 W WEATHERLEE RD
City-St-Zip: FORT PIERCE, FL 34982

Title: D ( ) Delete
Name: LANE, CALVIN
Address: 8305 COQUINA AVE
City-St-Zip: FORT PIERCE, FL 34951

Title: D ( ) Delete
Name: RAIKES, WILLIAM E
Address: 302 S 2ND ST
City-St-Zip: FT. PIERCE, FL 34950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: NELSON, DON
Address: 2510 NEWPORT DR
City-St-Zip: FT PIERCE, FL 34982

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: KARL V. GUETTLER TREA 04/24/2009
Electronic Signature of Signing Officer or Director — Date