

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90020 009 ****61.25

DOCUMENT # N13685					
1. Entity Name KIWANIS CLUB OF NORTHSIDE NAPLES, FLORIDA, INC.					
Principal Place of Business 850 PARK SHORE DRIVE THIRD FLOOR NAPLES, FL 34103 US			Mailing Address 850 PARK SHORE DRIVE THIRD FLOOR NAPLES, FL 34103 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2461340	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZAKS, JOSEPH D 850 PARK SHORE DRIVE THIRD FLOOR NAPLES, FL 34103				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
Signature				DATE	
Filing Fee is \$61.25 Due by May 1, 2008				9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES SCHUBRING, ROBERT <input checked="" type="checkbox"/> Delete 779 RECT POINT CIR NAPLES, FL 34108				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. SCHUBRING, ROBERT VP <input checked="" type="checkbox"/> Delete 779 REEF POINT CR NAPLES, FL 34108				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TAWORUSKI, ANDREW <input type="checkbox"/> Delete <i>Pres</i> 1195 WINDSWEEP AVE NAPLES, FL 34109				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SINGER, MARK <input type="checkbox"/> Delete 5550 HERONPOINT DR NAPLES, FL 34108				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GHERRE, A.C. <input type="checkbox"/> Delete 28523 CHIANTI TER BONITA SPRINGS, FL 34135				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
<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.					
SIGNATURE: <i>A.C. GHERRE</i> 1-31-08 390-1442					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					