

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2008 8:00 am
Secretary of State

07-21-2008 90026 048 ****70.00

DOCUMENT # N16572

1. Entity Name
KIWANIS CLUB OF NAPLES EAST, INCORPORATED



Principal Place of Business
**4335 TAMiami TR E
NAPLES, FL 34112 US**

Mailing Address
**P.O. BOX 572
NAPLES, FL 34106-0572 US**

40111434



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07172008

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

65-0069743

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORAH, CAROL M
18 NAVAJO TRAIL
NAPLES, FL 34113**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **T3** ☐ Delete
NAME **CORAH, CAROL M**
STREET ADDRESS **18 NAVAJO TRAIL**
CITY-ST-ZIP **NAPLES, FL 34113**

TITLE **T** ☒ Delete
NAME **SEAMPLES, MARCI**
STREET ADDRESS **5762 LAGO VILLAGGIO WAY**
CITY-ST-ZIP **NAPLES, FL 34104**

TITLE **P** ☒ Delete
NAME **MACASEVICH, JEFF**
STREET ADDRESS **3823 TAMiami TRAIL E #119**
CITY-ST-ZIP **NAPLES, FL 34112**

TITLE **BM** ☐ Delete
NAME **KINGTON, BUDDY**
STREET ADDRESS **5170 BERKLEY DRIVE**
CITY-ST-ZIP **NAPLES, FL 34104**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **ANTHONY, MICHAEL, A**
STREET ADDRESS **4450 LAKEWOOD BLVD**
CITY-ST-ZIP **NAPLES, FL 34112**

TITLE ☒ Change ☐ Addition
NAME **~~MICHAEL~~ NELSON, MICHAEL, R.**
STREET ADDRESS **PO Box 11796**
CITY-ST-ZIP **NAPLES, FL 34101**

TITLE ☒ Change ☐ Addition
NAME **S KINGTON, BUDDY**
STREET ADDRESS **5170 BERKLEY DRIVE**
CITY-ST-ZIP **NAPLES, FL 34104**

TITLE ☐ Change ☒ Addition
NAME **VP R&PKA, JEFFERY, E.**
STREET ADDRESS **1022 JARDIN DR.**
CITY-ST-ZIP **NAPLES, FL 34104**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Michael R. Nelson* **MICHAEL R. NELSON (PRESIDENT)**

7/16/08

(339) 248-1196