

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16572

FILED
Jan 15, 2009
Secretary of State

Entity Name: KIWANIS CLUB OF NAPLES EAST, INCORPORATED

Current Principal Place of Business:

4335 TAMiami TR E
NAPLES, FL 34112 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 572
NAPLES, FL 341060572 US

New Mailing Address:

P.O. BOX 572
NAPLES, FL 341060572 US

FEI Number: 65-0069743

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

REPKA, JEFFREY E
1022 JARDIN DR
NAPLES, FL 34113 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: MARGARET S MCKENZIE

01/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T3 () Delete
Name: CORAH, CAROL M
Address: 18 NAVAJO TRAIL
City-St-Zip: NAPLES, FL 34113

Title: T () Delete
Name: ANTHONY, MICHAEL A
Address: 4450 LAKEWOOD BLVD
City-St-Zip: NAPLES, FL 34112

Title: P () Delete
Name: NELSON, MICHAEL R
Address: P.O. BOX 11796
City-St-Zip: NAPLES, FL 34101

Title: S () Delete
Name: KINGTON, BUDDY
Address: 5170 BERKLEY DRIVE
City-St-Zip: NAPLES, FL 34104

Title: VP () Delete
Name: REPKA, JEFFREY E
Address: 1022 JARDIN DR
City-St-Zip: NAPLES, FL 34104

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: MCKENZIE, MARGARET S
Address: 4275 27TH CT SW #101
City-St-Zip: NAPLES, FL 34116

Title: P (X) Change () Addition
Name: REPKA, JEFFREY E
Address: 1022 JARDIN DRIVE
City-St-Zip: NAPLES, FL 34104

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: CORAH, CAROL M
Address: 18 NAVAHO TRAIL
City-St-Zip: NAPLES, FL 34113

Title: D () Change (X) Addition
Name: NELSON, MICHAEL R
Address: 5170 BERKLEY DR
City-St-Zip: NAPLES, FL 34112

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: MARGARET S MCKENZIE

TRS

01/15/2009

Electronic Signature of Signing Officer or Director

Date