

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18150

FILED  
Jun 10, 2008  
Secretary of State

**Entity Name:** KIWANIS CLUB OF WILDWOOD, FLORIDA, INC.

**Current Principal Place of Business:**

US 301  
COFFEE HOUSE  
WILDWOOD, FL 34785

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 40  
WILDWOOD, FL 34785

**New Mailing Address:**

**FEI Number:** 20-5977905      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

COUILLARD, DIANE  
609 N. OLD WIRE ROAD  
WILDWOOD, FL 34785      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: LEWIS, DAVID  
Address: 9720 SE 171 ARGYLL ST.  
City-St-Zip: THE VILLAGES, FL 33162

Title: VP      ( ) Delete  
Name: ROCKER, RODNEY  
Address: P.O. BOX 623  
City-St-Zip: WILDWOOD, FL 34785

Title: S&T      ( ) Delete  
Name: ROCKCASTLE, RUTH  
Address: 3372 CR 204  
City-St-Zip: OXFORD, FL 34484

Title: S      ( ) Delete  
Name: ROCKCASTLE, RUTH  
Address: 3372 CR 204  
City-St-Zip: OXFORD, FL 34484

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: RUTH ROCKCASTLE

SEC.

06/10/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date