

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20475

FILED
Mar 20, 2009
Secretary of State

Entity Name: PERRY KIWANIS CLUB, INC.

Current Principal Place of Business:

108 E. MAIN STREET
PERRY, FL 32347

New Principal Place of Business:

Current Mailing Address:

PO BOX 911
PERRY, FL 32348

New Mailing Address:

FEI Number: 59-6151479

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, GILBERT
810 SOUTHWOOD DRIVE
PERRY, FL 32348 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: S () Delete
Name: HOPKINS, JAN
Address: 1272 LANGFORD LANE
City-St-Zip: PERRY, FL 32348

Title: P () Delete
Name: KIDD, KEVIN
Address: 307 W. OAK STREET
City-St-Zip: PERRY, FL 32347

Title: D () Delete
Name: BASSETT, JAMES, JR.,
Address: 127 SPRINGHILL RD.
City-St-Zip: PERRY, FL 32347

Title: D () Delete
Name: GAYLE, LEO III
Address: 319 PLANTATION ROAD
City-St-Zip: PERRY, FL 32348

Title: D () Delete
Name: STOYER, KARL JR.
Address: 304 GLENRIDGE ROAD
City-St-Zip: PERRY, FL 32348

Title: T () Delete
Name: WILLIAMS, GILBERT
Address: 810 SOUTHWOOD DRIVE
City-St-Zip: PERRY, FL 32348

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change () Addition
Name: NEWMAN, RANDY
Address: 1008 E. MARGURITE STREET
City-St-Zip: PERRY, FL 32347

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

Title: D (X) Change () Addition
Name: MURROW, TOMMY
Address: 5430 ALTON WENTWORTH ROAD
City-St-Zip: PERRY, FL 32347

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: GILBERT WILLIAMS

TREA

03/20/2009

Electronic Signature of Signing Officer or Director

Date