## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N20519

FILED Apr 17, 2009 Secretary of State

Entity Name: SUNSHINE CITY KIWANIS FOUNDATION, INC.

Current Principal Place of Business:			New Principal	New Principal Place of Business:		
	HITT HAVENUE BEACH, FL 33	3706	C/O F.R. HITT 433 - 76TH AVE ST. PETE BEAG			
Current Mailing Address: C/O F.R. HITT 433 - 76TH AVENUE ST. PETE BEACH, FL 33706			New Mailing A	New Mailing Address: C/O F.R. HITT 433 - 76TH AVENUE ST. PETE BEACH, FL 33706 US		
			433 - 76TH AVE			
FEI Number:	: 59-2848645	FEI Number Applied For ( )	FEI Number Not Applicable	e ( ) Certificate of Status Desired ( )		
Name and	l Address of C	Surrent Registered Agent:	Name and Add	Iress of New Registered Agent:		
ST. PETE The above	HAVENUE BCH, FL 3370		ourpose of changing its re	gistered office or registered agent, or both,		
SIGNATUF		i- Circulation of Devictors I A		Duta		
	Electron	ic Signature of Registered Age		Date		
OFFICERS	S AND DIREC	TORS:	ADDITIONS/CI	HANGES TO OFFICERS AND DIRECTOR		
Fitle: Name: Address: City-St-Zip:	HITT, F. RICHA 433 - 76 AVE	Delete RD :H, FL 33706 US	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Fitle: Name: Address: Dity-St-Zip:	YERGOVICH, A 698 PRUITT DE		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Fitle: Name: Address: City-St-Zip:	NICHOLSON, J 9680 - 45TH ST		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Fitle: Name: Nddress: Dity-St-Zip:	WALSINGHAM, 550 GLENOAK		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Fitle: Name: Address: City-St-Zip:	CORDOVG, IM 6942 - 12TH TE		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	D () OLSEN, JACK 5020 - 26TH AV GULFPORT, FL		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		

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: F. RICHARD HITT P 04/17/2009