2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26382

FILED Mar 25, 2009 Secretary of State

Entity Name: BARTOW KIWANIS FOUNDATION, INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

BARTOW KIWANIS CLUB 1250 SCOTTSLAND DRIVE LAKELAND, FL 33813 US

Current Mailing Address: New Mailing Address:

BARTOW KIWANIS CLUB PO BOX 1021 BARTOW, FL 33830 US

FEI Number: 59-2961474 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MEYER, JAMES R
225 S. CENTRAL AVE.
BARTOW, FL 33830 US

MEYER, JAMES R
116 S. TENNESSEE AVENUE
LAKELAND, FL 33801 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: 03/25/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: HAMMETT, JAMES Name: LOCKWOOD, KURT

 Address:
 1007 S. JACKSON
 Address:
 627 WILLOW RUN

 City-St-Zip:
 BARTOW, FL 33830
 City-St-Zip:
 LAKELAND, FL 33813

Title: V () Delete Title: V (X) Change () Addition Name: LOCKWOOD, KURT D Name: BOHDE, JOHN M

Address: 627 WILLOW RUN Address: 4375 OLD COLONY ROAD City-St-Zip: LAKELAND, FL 33813 City-St-Zip: MULBERRY, FL 33860

Title: S () Delete Title: S (X) Change () Addition Name: BOHDE, JOHN M Name: LAKE, RICHARD B

 Address:
 4375 OLD COLONY ROAD
 Address:
 685 SHANKLIN AVE

 City-St-Zip:
 MULBERRY, FL 33860
 City-St-Zip:
 BARTOW, FL 33830

Title: T () Delete Title: () Change () Addition

 Name:
 LANGFORD, JOHN S
 Name:

 Address:
 1250 SCOTTSLAND DRIVE
 Address:

 City-St-Zip:
 LAKELAND, FL 33813
 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: JOHN S. LANGFORD T 03/25/2009