



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 25, 2005 8:00 am**  
**Secretary of State**

03-25-2005 90030 007 \*\*\*\*61.25

<b>DOCUMENT # N26942</b> 1. Entity Name <b>THE KIWANIS CLUB OF SARASOTA, INC.</b>					
Principal Place of Business <b>1630 ORANGE AVE SOUTH SARASOTA, FL 34239</b>			Mailing Address <b>244 SHOPPING AVE #324 SARASOTA, FL 34237-7125</b>		
2. Principal Place of Business <b>845 Highlands St.</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 2888</b> Suite, Apt. #, etc.			
City & State <b>Sarasota, FL</b> Zip <b>34234</b>		City & State <b>Sarasota, FL</b> Zip <b>34230</b>		03052005    Chg-NP    CR2E037 (10/03)	
4. FEI Number <b>59-0586572</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>CARLA BENNINGTON, KACY C/O KIWANIS CLUB OF SARASOTA 244 SHOPPING AVE #324 SARASOTA, FL 34237</b>			7. Name and Address of New Registered Agent Name <b>JoRita Stevens</b> Street Address (P.O. Box Number is Not Acceptable) <b>845 Highlands St.</b> City <b>Sarasota</b> <b>FL</b> Zip Code <b>34234</b>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <b>X</b> <i>JoRita Stevens pres.</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <b>3/14/05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>FORRELL, REID</b> <b>1703 BAY VIEW DR.</b> <b>SARASOTA, FL 34239</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>Stevens, JoRita</b> <b>845 Highlands St.</b> <b>Sarasota, FL 34234</b>
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP <b>HAYES, JOHN</b> <b>3940 PROCTOR RD</b> <b>SARASOTA, FL 34239</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP <b>Farrell, Reid</b> <b>1703 Bay View Dr.</b> <b>Sarasota, FL 34239</b>
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>CARLA BENNINGTON, KACY</b> <b>1630 ORANGE AVE SOUTH</b> <b>SARASOTA, FL 34239</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>Simmons, Kaylene</b> <b>1130 Greensboro Lane #1021</b> <b>Sarasota, FL 34234</b>
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>STEVENS, JORITA</b> <b>845 HIGHLANDS STREET</b> <b>SARASOTA, FL 34234</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>Devitt, Steve</b> <b>1538 Flower Dr.</b> <b>Sarasota, FL 34239</b>
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>SCHMITT, JEFF</b> <b>PO BOX 48765</b> <b>SARASOTA, FL 34230</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>3/14/05</b> Daytime Phone # <b>941-373-0522</b>		