2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36683

FILED Apr 06, 2009 Secretary of State

Entity Name: KIWANIS CLUB OF SEABREEZE - DAYTONA BEACH, INC.

FEI Number Applied For ()

Current Principal Place of Business:

New Principal Place of Business: C/O DAYTONA BEACH GOLF CLUB

C/O RIVIERA ASSISTED LIVING 1825 RIDGEWOOD AVE

600 WILDER BLVD.

DAYTONA BEACH, FL 32117 US

DAYTONA BEACH, FL 32114

Current Mailing Address:

New Mailing Address:

% MARK WEINBERG 906 COUNTRYSIDE WEST BLVD C/O MARK WEINBERG 906 COUNTRYSIDE WEST BLVD.

PORT ORANGE, FL 32127

PORT ORANGE, FL 32127

FEI Number: 59-3063248

FEI Number Not Applicable ()

Certificate of Status Desired ()

MADDEN, MARK

GLUGOVER, JON PD

153 SEMINOLE DR

1301 S. PENÍNSULA DR

ORMOND BEACH, FL 32174 US DAYTONA BEACH, FL 32118 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.

Title:

SIGNATURE: JON GLUGOVER

Name and Address of Current Registered Agent:

04/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

(X) Change () Addition

() Delete MADDEN, MARK Name:

153 SEMINOLE DR. Address: City-St-Zip: ORMOND BEACH, FL 32174

GLUGOVER, JON Name: Address: 1301 S. PENINSULA DR.

City-St-Zip: DAYTONA BEACH, FL 32118

Title: () Delete WEINBERG, MARK Name:

Name: WEINBERG, MARK

Address: 906 COUNTRYSIDE WEST BLVD City-St-Zip: PORT ORANGE, FL 32127

Address: 906 COUNTRYSIDE WEST BLVD. City-St-Zip: PORT ORANGE, FL 32127

Title: () Delete TERACINO, DARLENE Name:

Title: (X) Change () Addition

Name: TERACINO, DARLENE

Address: PO BOX 9605 Address: PO BOX 730035

DAYTONA BEACH, FL 32120 City-St-Zip:

City-St-Zip: ORMOND BEACH, FL 32173

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: MARK WEINBERG Т 04/06/2009