2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36763

FILED Jan 09, 2007 Secretary of State

Entity Name: KIWANIS CLUB OF RIVERDALE-LEE COUNTY, INC.

Current Principal Place of Business:		New Principal Place of Business:		
432 PAL	80 RESTARAUN M BEACH BLV YERS, FL 3390	D.		
current Mailing Address:		New Mailing Address:		
07 BRO	DY WHEELER ADWAY AVE. ACRES, FL 339	972		
El Numbe	r: 65-0300371	FEI Number Applied For ()	FEI Number Not Applic	able () Certificate of Status Desired ()
ame an	d Address of C	Current Registered Agent:	Name and A	Address of New Registered Agent:
C/O SANI 07 BRO EHIGH /	DY WHEELER ADWAY AVE. ACRES, FL 339			
	e named entity : te of Florida.	submits this statement for the	e purpose of changing its	registered office or registered agent, or bo
	IDE:			
IGNATU	JKC.			
IGNATU		nic Signature of Registered A	Agent	Date
SIGNATU PFFICER		-		Date /CHANGES TO OFFICERS AND DIRECT
OFFICER itle: ame: ddress:	Electron RS AND DIREC D () DALY, KEN 1219 BUENA V	TORS:) Delete ISTA DRIVE		
	Electron RS AND DIREC D () DALY, KEN 1219 BUENA V FORT MYERS, D () WHEELER, DE 307 BROADWA	TORS:) Delete ISTA DRIVE FL 33903) Delete ENNIS AY AVE	ADDITIONS Title: Name: Address:	/CHANGES TO OFFICERS AND DIRECT
DFFICER itle: ame: ddress: ity-St-Zip: itle: ame: ddress:	Electron RS AND DIREC D () DALY, KEN 1219 BUENA V FORT MYERS, D () WHEELER, DE 307 BROADWA LEHIGH ACRES S () WHEELER, SA 307 BROADWA	TORS:) Delete ISTA DRIVE FL 33903) Delete INNIS AY AVE S, FL 33972) Delete NDY AY AVE.	ADDITIONS Title: Name: Address: City-St-Zip: Title: Name: Address:	/CHANGES TO OFFICERS AND DIRECT
DFFICER itle: ame: ddress: ity-St-Zip: itle: ame: ddress: ity-St-Zip: itle: ame: ddress:	Electron RS AND DIREC D () DALY, KEN 1219 BUENA V FORT MYERS, D () WHEELER, DE 307 BROADWA LEHIGH ACRES S () WHEELER, SA 307 BROADWA LEHIGH ACRES T () SHORT, CATHY 907 SE 32ND S	TORS: Delete ISTA DRIVE FL 33903 Delete ENNIS AY AVE S, FL 33972 Delete NDY AY AVE. S, FL 33972 Delete Y Delete Y Delete Y	ADDITIONS Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	() Change () Addition () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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: SANDY WHEELER MRS. 01/09/2007