2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36763

FILED Apr 30, 2008 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: **ROUTE 80 RESTARAUNT** 907 SE 32ND ST. 4432 PALM BEACH BLVD. CAPE CORAL, FL 33904 FORT MYERS, FL 33905 New Mailing Address: **Current Mailing Address:** C/O SANDY WHEELER PO BOX 50376 307 BROADWAY AVE FORT MYERS, FL 33994 03 LEHIGH ACRES, FL 33972 FEI Number: 65-0300371 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: KIWANIS CLUB OF RIVERDALE LEE CO, INC. KIWANIS CLUB OF RIVERDALE LEE CO, INC. C/O SANDY WHEELER 907 SE 32ND ST 307 BROADWAY AVE CAPE CORAL, FL 33904 US LEHIGH ACRES, FL 33972 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: SHARON L DRIGGERS 04/30/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition DALY, KEN Name: Name: 1219 BUENA VISTA DRIVE Address: Address: City-St-Zip: FORT MYERS, FL 33903 City-St-Zip: Title: () Delete Title: (X) Change () Addition WHEELER, DENNIS Name: BEATTY, CATHY Name: Address: 307 BROADWAY AVE Address: 907 SE 32ND ST City-St-Zip: LEHIGH ACRES, FL 33972 City-St-Zip: CAPE CORAL, FL 33904 Title: () Delete Title: (X) Change () Addition WHEELER, SANDY WHEELER, SANDY Name: Name: 307 BROADWAY AVE. 307 BROADWAY AVE. Address: Address: City-St-Zip: LEHIGH ACRES, FL 33972 City-St-Zip: LEHIGH ACRES, FL 33972 Title: () Delete Title: D (X) Change () Addition Name: SHORT-BEATTY, CATHY Name: DALY, ED 907 SE 32ND STREET 1219 BUENA VISTA DRIVE Address: Address: City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip: N FORT MYERS, FL 33903 Title: () Delete Title: () Change () Addition SHORT, TERRY Name: Name: 2207 SANTIAGO Address: Address: City-St-Zip: FORT MYERS, FL 33905 City-St-Zip: Title: () Delete Title: () Change (X) Addition DRIGGERS, SHARON L PRES Name: Name: Address: Address: 907 SE 32ND ST CAPE CORAL, FL 33904 City-St-Zip: 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: SHARON L DRIGGERS PRES 04/30/2008