2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37214

FILED Jul 25, 2007 Secretary of State

Entity Name: KIWANIS CLUB OF CENTRAL RIDGE - CRYSTAL RIVER, INC.

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

P.O. BOX 640986 508 N CITRUS AVE

BEVERLY HILLS, FL 344640986 US US CRYSTAL RIVER, FL 34429

Current Mailing Address: New Mailing Address:

P.O. BOX 640986

BEVERLY HILLS, FL 344640986 US

FEI Number: 59-2959026 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

MILLER, DALE R 100 SYCAMORE CIRCLE HOMOSASSA, FL 34446 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:

Name:

Electronic Signature of Registered Agent

Date

(X) Change () Addition

OFFICERS AND DIRECTORS:

() Delete

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

DEL VALLE, RAFAEL D'ELIA, PETER Name:

18840 SW 44TH ST Address: 899 W SILVER MEADOW LOOP Address: HERNANDO, FL 34442

City-St-Zip: DUNNELLON, FL 34432 City-St-Zip:

Title: VD () Delete Title: VD (X) Change () Addition

LINHART, JULIE Name: MILLER, DALE Name: Address: 4326 SW 159TH CT Address: 100 SYCAMORE CIR City-St-Zip: OCALA, FL 34481 City-St-Zip: HOMOSASSA, FL 34446

Title: () Delete Title: (X) Change () Addition

CHIASSON, BRENDA OWEN, MARGARET Name: Name: 2019 S GLENEAGLE TER Address: 9 WILD OLIVE CT Address: City-St-Zip: HOMOSASSA, FL 34446 City-St-Zip: LECANTO, FL 34461

Title: TD () Delete Title: TD (X) Change () Addition

Name: ADAMS, ROBERT S JR Name: MARX, JACQUELINE L 19434 SW 101 PLACE RD 5860 W CINNAMON RIDGE DR Address: Address: City-St-Zip: DUNNELLON, FL 34432 City-St-Zip: HOMOSASSA, FL 34448

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: JACQUELINE L MARX TD 07/25/2007