

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # N37214

1. Entity Name

KIWANIS CLUB OF CENTRAL RIDGE - CRYSTAL RIVER, INC.



Principal Place of Business

508 N CITRUS AVE
CRYSTAL RIVER FL 34429
US

Mailing Address

P.O. BOX 640986
BEVERLY HILLS FL 34464-0986
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2959026

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLER, DALE R
100 SYCAMORE CIRCLE
HOMOSASSA FL 34446

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW: FEE IS \$61.25
Due By: May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME D'ELIA, PETER
STREET ADDRESS 899 W SILVER MEADOW LOOP
CITY-ST-ZIP HERNANDO FL 34442

TITLE VD ☐ Delete
NAME MILLER, DALE
STREET ADDRESS 100 SYCAMORE CIR
CITY-ST-ZIP HOMOSASSA FL 34446

TITLE SD ☐ Delete
NAME CHIASSON, BRENDA
STREET ADDRESS 2019 S GLENEAGLE TER
CITY-ST-ZIP LECANTO FL 34461

TITLE TD ☐ Delete
NAME MARX, JACQUELINE L
STREET ADDRESS 5860 W CINNAMON RIDGE DR
CITY-ST-ZIP HOMOSASSA FL 34448

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
U000000845492
03/13/08-80040-022 61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Peter E. D'Elia* Peter E. D'Elia, president 2/29/08 (352) 527-0039