

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39666

FILED
Jan 14, 2009
Secretary of State

Entity Name: KIWANIS CLUB OF THE LAKE REGION-KEYSTONE HEIGHTS/MELROSE, INC.

Current Principal Place of Business:

201 LAWRENCE BLVD.
P.O. BOX 715
KEYSTONE HEIGHTS, FL 32656

New Principal Place of Business:

201 LAWRENCE BLVD.
KEYSTONE HEIGHTS, FL 32656

Current Mailing Address:

201 LAWRENCE BLVD.
P.O. BOX 715
KEYSTONE HEIGHTS, FL 32656

New Mailing Address:

201 LAWRENCE BLVD.
KEYSTONE HEIGHTS, FL 32656

FEI Number: 59-3029294

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWELL, PAUL D.
201 LAWRENCE BLVD.
KEYSTONE HEIGHTS, FL 32656 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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: THOMAS, NOEL
Address: P. O. BOX 740
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: SD () Delete
Name: GARNER, VIRGINIA N.,
Address: 107 TRUMPETER CT
City-St-Zip: MELROSE, FL 32666

Title: PD () Delete
Name: HART, STEVE
Address: 315 SW GARDEN ST
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: PPD () Delete
Name: PANKRAT, ALAN
Address: 121 ASHLEY LAKE DR
City-St-Zip: MELROSE, FL 32666

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: THOMAS, NOEL
Address: 6977 GILDA COURT
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: DUANEAN, NORMA JE
Address: 6489 LITTLE LILLY LAKE ROAD
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: () Change () Addition
Name:
Address:
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: NOEL THOMAS

MR.

01/14/2009

Electronic Signature of Signing Officer or Director

Date