

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N39666

**FILED**  
**Mar 06, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

201 LAWRENCE BLVD.  
KEYSTONE HEIGHTS, FL 32656

**New Principal Place of Business:**

6170 CR 214  
KEYSTONE HEIGHTS, FL 32656

**Current Mailing Address:**

201 LAWRENCE BLVD.  
KEYSTONE HEIGHTS, FL 32656

**New Mailing Address:**

6170 CR 214  
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  
Name: DERSHAM, MARGIE  
Address: 6170 CR 214  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

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

Title: PD  
Name: BUCKNER, KENNETH  
Address: 4601 SE 6TH LANE  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: PPD  
Name: DUANE, NORMA JEAN  
Address: 6489 LITTLE LILY LAKE ROAD  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

I hereby 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 all other like empowered.

**SIGNATURE:** MARGIE DERSHAM

TD

03/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date