

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40487

FILED
Apr 26, 2009
Secretary of State

Entity Name: THE KIWANIS CLUB OF SPRINGTIME CITY, INC.

Current Principal Place of Business:

1379 PINE ST
CLEARWATER, FL 33756 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 6142
CLEARWATER, FL 337586142 US

New Mailing Address:

FEI Number: 59-6138681

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PEARSE, RICHARD L., JR.
1239 S. MYTRLE AVENUE
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

BROWDER JR, DAVID MR
305 S DUNCAN AVENUE
CLEARWATER, FL 33755 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: DAVID BROWDER, JR.

04/26/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: URWILLER, DIANE
Address: 2970 STOCKWOOD DR
City-St-Zip: CLEARWATER, FL 33761

Title: TD () Delete
Name: SKELTON, KAY
Address: 1379 PINE ST
City-St-Zip: CLEARWATER, FL 33756

Title: PD () Delete
Name: CESTA, JEFF
Address: 899 FOREST GLEN RD
City-St-Zip: CLEARWATER, FL 33575

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: URWILLER, DIANE MRS
Address: 2970 STOCKWOOD DR
City-St-Zip: CLEARWATER, FL 33761

Title: TD (X) Change () Addition
Name: SKELTON, KAY MS
Address: 1379 PINE ST
City-St-Zip: CLEARWATER, FL 33756

Title: PD (X) Change () Addition
Name: GEORGE, KATHLEEN MS
Address: 991 CEDARWOOD DR
City-St-Zip: DUNEDIN, FL 34698

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: KAY SKELTON

TD

04/26/2009

Electronic Signature of Signing Officer or Director

Date