

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42217

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: KIWANIS CLUB OF PLANT CITY, INC.

## Current Principal Place of Business:

2011 N WHEELER ST  
PLANT CITY, FL 33563 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 3574  
PLANT CITY, FL 335630010 US

## New Mailing Address:

FEI Number: 59-6045290

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WATKINS, WILLIAM R  
3501 W. KNIGHTS GRIFFIN RD  
PLANT CITY, FL 33565 US

## Name and Address of New Registered Agent:

GELIN, BRUCE  
11413 NEWGATE CREST DR  
RIVERVIEW, FL 33579 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: BRUCE GELIN

04/15/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WATKINS, WILLIAM R  
Address: 3501 W. KNIGHTS GRIFFIN RD  
City-St-Zip: PLANT CITY, FL 33563

Title: VP ( ) Delete  
Name: MCDANIEL, DENISE  
Address: 1505 TOZIER PL  
City-St-Zip: PLANT CITY, FL 33565

Title: T ( ) Delete  
Name: REITZ, ANNA  
Address: 3607 FORTNER RD  
City-St-Zip: PLANT CITY, FL 33565

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MASON, DON  
Address: 1903 HORSESHOE DR  
City-St-Zip: PLANT CITY, FL 33566

Title: VP (X) Change ( ) Addition  
Name: MOODY, SHARON  
Address: 1902 BOND ST  
City-St-Zip: PLANT CITY, FL 33563

Title: T (X) Change ( ) Addition  
Name: GELIN, BRUCE  
Address: 11413 NEWGATE CREST DR  
City-St-Zip: PLANT CITY, FL 33579

Title: S ( ) Change (X) Addition  
Name: HAYWOOD, ANNE  
Address: 702 N KNIGHT ST  
City-St-Zip: PLANT CITY, FL 33563

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: BRUCE GELIN

T

04/15/2009

Electronic Signature of Signing Officer or Director

Date