2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42756

FILED Jan 08, 2007 Secretary of State

Entity Name: KIWANIS CLUB OF PELICAN BAY, NAPLES, INC.

Current Principal Place of Business: New Principal Place of Business: 2065 PAINTED PALM DR NAPLES, FL 34119 **Current Mailing Address: New Mailing Address:** 2065 PAINTED PALM DR NAPLES, FL 34119 FEI Number: 65-0276336 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROGERS, SANDRA L 2065 PAINTED PALM DR NAPLES, FL 34119 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete BRADSHAW, JEAN R COPELAND, RICHARD Name: Name: 5071 JARVIS LANE Address: 5632 HAMMOCK ISLES DRIVE Address: City-St-Zip: NAPLES, FL 34119 City-St-Zip: NAPLES, FL 34119 Title: () Delete Title: () Change () Addition SMITH, DONALD E Name: Name: Address: 6080 RESERVE CIR., #1002 Address: City-St-Zip: NAPLES, FL 34119 City-St-Zip: Title: () Delete Title: () Change () Addition ROGERS, SANDRA L Name: Name: 2065 PAINTED PALM DR Address: Address: City-St-Zip: NAPLES, FL 34119 City-St-Zip: Title: () Delete Title: () Change () Addition PHILBIN, PATRICK Name: Name: 4637 SNOWY EGRET DRIVE Address: Address: City-St-Zip: NAPLES, FL 34119 City-St-Zip: Title: Title: () Delete () Change () Addition SMITH, MICHELLE Name: Name: 6080 RESERVE CIR., #1002 Address: Address: City-St-Zip: NAPLES, FL 34119 City-St-Zip: Title: () Delete Title: (X) Change () Addition ALDRICH, DAVID T WELDON, RICHARD L Name: Name: Address: 2737 BUCK THORN WAY Address: 4720 ST. CROIX LN. #117 NAPLES, FL 34119 NAPLES, FL 34109 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: SANDRA L. ROGERS S 01/08/2007