

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2008 8:00 am**  
**Secretary of State**

02-07-2008 90028 008 \*\*\*\*61.25

<b>DOCUMENT # N47618</b> 1. Entity Name <b>KIWANIS CLUB OF GULF COAST-SARASOTA, INC.</b>					
Principal Place of Business <b>5599 CAMALFORD TERRACE SARASOTA, FL 34233 US</b>			Mailing Address <b>1432 FIRST STREET SARASOTA, FL 34236 US</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>3212 South Gate Circle</b> Suite, Apt. #, etc.			
City & State Zip		City & State <b>Sarasota, FL</b> Zip <b>34239</b>		4. FEI Number <b>59-0870760</b>	
Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>DRAKE, J. KEVIN 1432 FIRST STREET SUITE C SARASOTA, FL 34236</b>			7. Name and Address of New Registered Agent Name <b>Don E. Roberts</b> Street Address (P.O. Box Number is Not Acceptable) <b>3212 South Gate Circle</b> City <b>Sarasota, FL</b> Zip Code <b>34239</b>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>SALMON, BARNEY</b> <b>1891 WISTERIA ST</b> <b>SARASOTA, FL 34239</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>Charlie Woods</b> <b>5229 Far Oaks Circle</b> <b>Sarasota, FL 34238</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>CARNEY, TIM</b> <b>513 MARSH CRK RD</b> <b>VENICE, FL 34292</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>Ken Yahraus</b> <b>5224 Summerwood Court</b> <b>Sarasota, FL 34239</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>ST PIERRE, FRANK</b> <b>7901 UMBRELLA PARKWAY</b> <b>SARASOTA, FL 34241</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	IPP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>FLEEMAN, BILL</b> <b>44713 MEADOW VIEW CIR</b> <b>SARASOTA, FL 34233</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>Keith Pittenger</b> <b>4566 Satinleaf Lane</b> <b>Sarasota, FL 34241</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>WELLS, IRA</b> <b>5599 CAMELFORD TERR</b> <b>SARASOTA, FL 34233</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>WORTHINGTON, MIKE</b> <b>3793 STERLING RD.</b> <b>VENICE, FL 34293</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>Don E. Roberts</b> <b>3212 South Gate Circle</b> <b>Sarasota, FL 34239</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #</small>					