2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# N48707

Entity Name: KIWANIS CLUB OF NORTH ORLANDO, INC.

Current Principal Place of Business:

924 N. MAGNOLIA AVE STE 319
ORLANDO, FL 32803 US

New Principal Place of Business:

99 E MARKS ST
ORLANDO, FL 32803 US

Current Mailing Address:

PO BOX 641
ORLANDO, FL 32804

New Mailing Address:

FEI Number: 59-6158827 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SEKAC, MARY F
757 LITTLE WEKIVA CIRCLE
ALTAMONTE SPRINGS, FL 32714 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: PED ( ) Delete
Name: ILVENTO, LAUREN
Address: PO BOX 547082
City-St-Zip: ORLANDO, FL 32854

Title: PPD ( ) Delete
Name: BARR, JR, PETE
Address: 600 E WASHINGTON ST
City-St-Zip: ORLANDO, FL 32801

Title: TD ( ) Delete
Name: DAVIS, KAY
Address: 3058 GREENMOUNT RD
City-St-Zip: ORLANDO, FL 32806

Title: SD ( ) Delete
Name: SEKAC, MARY
Address: 757 LITTLE WEKIVA CIR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: PD ( ) Delete
Name: RIGBY, BARRY
Address: 924 N. MAGNOLIA AVE STE 319
City-St-Zip: ORLANDO, FL 32804

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PPD (X) Change ( ) Addition
Name: RIGBY, BARRY
Address: 924 N MAGNOLIA STE 319
City-St-Zip: ORLANDO, FL 32803

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change ( ) Addition
Name: LOONEY, STEVE
Address: 800 N. MAGNOLIA AVE STE 1500
City-St-Zip: ORLANDO, FL 32803

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: MARY F SEKAC SEC 04/22/2009

Electronic Signature of Signing Officer or Director — Date