

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005143

FILED
Apr 22, 2009
Secretary of State

Entity Name: KIWANIS CLUB OF STUART, FLORIDA, INC.

Current Principal Place of Business:

900 EAST OCEAN BLVD
C-120
STUART, FL 34994

Current Mailing Address:

P.O. BOX 532
STUART, FL 34995

New Principal Place of Business:

900 EAST OCEAN BLVD
C-120
STUART, FL 34994 US

New Mailing Address:

P.O. BOX 532
STUART, FL 34995 US

FEI Number: 59-6151478

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PITTMAN, DREW
802 SW 30 ST
60
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

MC CAMPBELL, GREGORY S
2098 SW LIBRA LN
PORT ST LUCIE, FL 34984 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: GREGORY S MC CAMPBELL

04/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: PITTMAN, DREW
Address: 802 SW 30TH ST, # 6
City-St-Zip: PALM CITY, FL 34990

Title: PE () Delete
Name: GREG, MCCAMPBELL
Address: 2098 SW LIBRA LANE,
City-St-Zip: PORT ST LUCIE, FL 34994

Title: SECT () Delete
Name: MARINO, LYN
Address: 3001 SW DENTON ST
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: TREA () Delete
Name: IVAN, BROWER
Address: 5520 SE BURNING TREE CIRCLE
City-St-Zip: STUART, FL 34997

Title: VP (X) Delete
Name: TERRY, NOLAN
Address: PO BOX 532
City-St-Zip: STUART, FL 34995

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: MC CAMPBELL, GREGORY S
Address: 2098 SW LIBRA LN
City-St-Zip: PORT ST LUCIE, FL 34984

Title: PE (X) Change () Addition
Name: NOLAN, TERENCE
Address: 1240 STARFISH LN
City-St-Zip: STUART, FL 34996

Title: SECT (X) Change () Addition
Name: MARINO, LYN
Address: 3001 SW DENTON ST
City-St-Zip: PORT ST LUCIE, FL 34953

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

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

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: IVAN BROWER

TREA

04/22/2009

Electronic Signature of Signing Officer or Director

Date