

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000454

FILED
Jan 16, 2005
Secretary of State

Entity Name: KIWANIS CLUB OF EAU GALLIE - SUNTREE, INC.

Current Principal Place of Business:

1163 RIVERFRONT DR.
MELBOURNE, FL 32935

New Principal Place of Business:

Current Mailing Address:

PO BOX 540236
MERRITT ISLAND, FL 32954

New Mailing Address:

FEI Number: 59-3425219

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAPMAN, HARRY
401 TORTOISE VIEW CIRCLE
SATELITTE BEACH, FL 32937 US

Name and Address of New Registered Agent:

BRISSON, JOAN M
943 SHAW CIRCLE
MELBOURNE, FL 32940 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: JOAN M. BRISSON

01/16/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: HINDSLEY, MARTIN
Address: 1595 HIGHWAY A1A
City-St-Zip: SATELLITE BEACH, FL 32937

Title: PD () Delete
Name: JONES, R.L.
Address: 2495 RICKY RD
City-St-Zip: MELBOURNE, FL 32904

Title: VD () Delete
Name: APFELD, BELINDA
Address: 450 LAKE VICTORIA CIR
City-St-Zip: MELBOURNE, FL 32940

Title: TD () Delete
Name: BRISSON, JOAN M
Address: PO BOX 540236
City-St-Zip: MERRITT ISLAND, FL 32954

Title: SD () Delete
Name: CHAPMAN, HARRY
Address: 401 TORTOISE VIEW CIRCLE
City-St-Zip: SATELITTE BEACH, FL 32937

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HINDSLEY, MARTIN
Address: 1595 HIGHWAY A1A
City-St-Zip: SATELLITE BEACH, FL 32937

Title: VD (X) Change () Addition
Name: JONES, R.L.
Address: 2495 RICKY RD
City-St-Zip: MELBOURNE, FL 32904

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

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 for the exemption stated in Section 119.07(3)(i), 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: JOAN M. BRISSON

TD

01/16/2005

Electronic Signature of Signing Officer or Director

Date