

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000454

FILED  
Jul 26, 2007  
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:

401 TORTOISE VIEW CIRCLE  
SATELLITE BEACH, FL 32937 US

## Current Mailing Address:

PO BOX 540236  
MERRITT ISLAND, FL 32954

## New Mailing Address:

PO BOX 410913  
MELBOURNE, FL 32941

FEI Number: 59-3425219      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

BRISSON, JOAN M  
943 SHAW CIRCLE  
MELBOURNE, FL 32940 US

## Name and Address of New Registered Agent:

CHAPMAN, HARRY C  
401 TORTOISE VIEW CIRCLE  
SATELLITE BEACH, FL 32937 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: HARRY C. CHAPMAN

07/26/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BRISSON, ROBERT F III  
Address: PO BOX 540236  
City-St-Zip: MERRITT ISLAND, FL 32954

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

Title: SD ( ) Delete  
Name: NALL, WILLIAM  
Address: 3556 REIGN STREET  
City-St-Zip: MELBOURNE, FL 32934

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: CHAPMAN, HARRY C  
Address: 401 TORTOISE VIEW CIRCLE  
City-St-Zip: SATELLITE BEACH, FL 32937 US

Title: VP (X) Change ( ) Addition  
Name: MCCOY, JANE  
Address: 2709 ALCIA LANE  
City-St-Zip: MELBOURNE, FL 32935 US

Title: TRES (X) Change ( ) Addition  
Name: DONNELLY, JAMES  
Address: 2015 THESY DR.  
City-St-Zip: MELBOURNE, FL 32940

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: HARRY C. CHAPMAN

PRES

07/26/2007

Electronic Signature of Signing Officer or Director

Date