

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002687

FILED
Apr 30, 2005
Secretary of State

Entity Name: KIWANIS OF VERO BEACH, INC.

Current Principal Place of Business:

1701 HWY. A1A, STE. 220
VERO BEACH, FL 32963

New Principal Place of Business:

Current Mailing Address:

1701 HWY. A1A, STE. 220
VERO BEACH, FL 32963

New Mailing Address:

FEI Number: 59-6153284

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HATCH, IRA C
1701 A1A HIGHWAY
SUITE 220
VERO BEACH, FL 32963 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: TPE () Delete
Name: LICONA, VERONICA
Address: 1815 8TH AVE SW
City-St-Zip: VERO BEACH, FL 32962

Title: S () Delete
Name: HALL, CONNIE
Address: 3236 1ST ROAD
City-St-Zip: VERO BEACH, FL 32968

Title: D () Delete
Name: CALDARONE, EUGENE
Address: 1815 8TH AVE SW
City-St-Zip: VERO BEACH, FL 32962

Title: P () Delete
Name: MANN, JOHN
Address: 752 S. US HWY 1
City-St-Zip: VERO BEACH, FL 32962

Title: D () Delete
Name: NICHOLSON, TINA
Address: 1815 8TH AVE SW
City-St-Zip: VERO BEACH, FL 32962

Title: VP () Delete
Name: WHITE, TOM
Address: 1815 8TH AVE SW
City-St-Zip: VERO BEACH, FL 32962

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: T (X) Change () Addition
Name: TUMOLO, PHIL
Address: P. O. BOX 5252
City-St-Zip: VERO BEACH, FL 32961

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

Title: P (X) Change () Addition
Name: WHITE, TOM
Address: 1815 8TH AVE SW
City-St-Zip: VERO BEACH, FL 32962

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: CONNIE J. HALL

S

04/30/2005

Electronic Signature of Signing Officer or Director

Date