

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002687

FILED
Apr 22, 2009
Secretary of State

Entity Name: KIWANIS OF VERO BEACH, INC.

Current Principal Place of Business:

845 GREENLEAF CIR.
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6022
VERO BEACH, FL 32960

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:

MARCHESE, VITO
845 GREENLEAF CIR.
VERO BEACH, FL 32960 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: P () Delete
Name: MARCHESE, VITO
Address: 845 GREENLEAF CIR.
City-St-Zip: VERO BEACH, FL 32960

Title: VP () Delete
Name: REMINGTON, ELLA C
Address: 1566 POLYNESIAN LANE
City-St-Zip: SEBASTIAN, FL 32958

Title: T () Delete
Name: MELTON, GINA
Address: 1906 71ST AVE.
City-St-Zip: VERO BEACH, FL 32966

Title: BM () Delete
Name: DZADONY, DIANE
Address: 465 9TH PLACE
City-St-Zip: VERO BEACH, FL 32960

Title: BM () Delete
Name: POLICARE, MIKE
Address: 914 TROPIC DR.
City-St-Zip: VERO BEACH, FL 32963

Title: BM () Delete
Name: FOSTER, CHRISTINE
Address: 1055 6TH AVE., UNIT A-2
City-St-Zip: VERO BEACH, FL 32960

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: () 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 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: VITO MARCHESE

P

04/22/2009

Electronic Signature of Signing Officer or Director

Date