


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2004 8:00 am
Secretary of State

03-04-2004 90019 015 ****61.25

DOCUMENT # N99000002963	
1. Entity Name KIWANIS CLUB OF FORT PIERCE, INC.	

Principal Place of Business P.O. BOX 957 FT. PIERCE FL 34954	Mailing Address P.O. BOX 957 FT. PIERCE FL 34954
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number 59-6151475	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WILLIFORD, MITCHELL 5413 DEER RUN DRIVE FORT PIERCE FL 34951	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
D DIPALMA, STEVE 2728 SERENITY CIRCLE S FORT PIERCE FL 34981	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
VP ABRAMOWICZ, BILL 206 SOUTH 6TH FORT PIERCE FL 34950	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
D PERONA, TOM P.O. BOX 12189 FT. PIERCE FL 34979	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
S BAKER, ROBERT H 4034 GATOR TRACE RD FORT PIERCE FL 34982	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
D CLARK, SHANNON 2305 OLEANDER AVE # 1 FORT PIERCE FL 34982	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
VP WIRTHMAN, JOE 861 SE SOLAZ PORT SAINT LUCIE FL 34983	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VICE PRESIDENT ABRAMOWICZ, Bill 206 S. 6th St Fort Pierce, FL 34950	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DIRECTOR CLARK, Shannon 2305 Oleander Ave #1 Fort Pierce, FL 34982	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PRESIDENT WIRTHMAN, Joe 861 SE Solaz Port St Lucie FL 34983	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mitchell L. Williford* **2/27/04** **772 464-7605**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
#N99000002963 59-6151475

11

Title Treasurer/Director
Name Williford, Mitchell L.
Street Address 5413 Deer Run Drive
City-St_Zip Ft. Pierce FL 34951

MLH