2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

01-13-2005 90005 019 ****61.25
N99000002963

DOCUMENT # N99000002963

1. Entity Name
KIWANIS CLUB OF FORT PIERCE, INC.

FILED
05 FEB -9 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
50002208

Principal Place of Business	Mailing Address
P.O. BOX 957 FT. PIERCE, FL 34954	P.O. BOX 957 FT. PIERCE, FL 34954

01082005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-6151475 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WILLIFORD, MITCHELL 5413 DEER RUN DRIVE FORT PIERCE, FL 34951	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: ST
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DIPALMA, STEVE 2728 SERENITY CIRCLE S FORT PIERCE, FL 34981	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ABRAMOWICZ, BILL 206 SOUTH 6TH FORT PIERCE, FL 34950	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT ABRAMOWICZ, Bill 206 South 6th Fort Pierce, FL 34950 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PERONA, TOM P.O. BOX 12189 FT. PIERCE, FL 34979	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BAKER, ROBERT H 4034 GATOR TRACE RD FORT PIERCE, FL 34982	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLARK, SHANNON 2305 OLEANDER AVE # 1 FORT PIERCE, FL 34982	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WIRTHMAN, JOE 861 SE SOLAZ PORT SAINT LUCIE, FL 34983	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR WIRTHMAN, Joe 861 SE Solaz Port St Lucie, FL 34983 ☒ Change ☐ 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 1-10-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

N99000029.63

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10.

Title	Treasurer/Director
Name	Williford, Mitchell L.
Street Address	5413 Deer Run Drive
CITY ST ZIP	FT. Pierce FL 34591

10.

Title	Vice President
Name	McGrane, Jerry
Street Address	2296 North US #1
CITY ST ZIP	FT. Pierce FL 34946