

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002963

FILED
Apr 30, 2007
Secretary of State

Entity Name: KIWANIS CLUB OF FORT PIERCE, INC.

Current Principal Place of Business:

P.O. BOX 957
FT. PIERCE, FL 34954

New Principal Place of Business:

5413 DEER RUN DRIVE
FT. PIERCE, FL 34951

Current Mailing Address:

P.O. BOX 957
FT. PIERCE, FL 34954

New Mailing Address:

P O BOX 957
FT. PIERCE, FL 34954

FEI Number: 59-6151475

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIFORD, MITCHELL
5413 DEER RUN DRIVE
FORT PIERCE, FL 34951 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: D () Delete
Name: DIPALMA, STEVE
Address: 2728 SERENITY CIRCLE S
City-St-Zip: FORT PIERCE, FL 34981

Title: D () Delete
Name: ABRAMOWICZ, BILL
Address: 206 SOUTH 6TH
City-St-Zip: FORT PIERCE, FL 34950

Title: D () Delete
Name: PERONA, TOM
Address: P.O. BOX 12189
City-St-Zip: FT. PIERCE, FL 34979

Title: P () Delete
Name: MCGRANE, JERRY
Address: 2296 NORTH U.S. #1
City-St-Zip: FORT PIERCE, FL 34946

Title: S () Delete
Name: CLARK, SHANNON
Address: 2305 OLEANDER AVE # 1
City-St-Zip: FORT PIERCE, FL 34982

Title: D () Delete
Name: GAINES, J.W.
Address: 111 ORANGE AVE., STE 300
City-St-Zip: FORT PIERCE, FL 34950

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: MITCHELL WILLIFORD

T

04/30/2007

Electronic Signature of Signing Officer or Director

Date