

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002963

FILED
Apr 18, 2009
Secretary of State

Entity Name: KIWANIS CLUB OF FORT PIERCE, INC.

Current Principal Place of Business:

7818 LONG COVE WAY
PORT ST LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

P O BOX 957
FT. PIERCE, FL 34954

New Mailing Address:

FEI Number: 59-6151475

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLMES, DONALD R
7818 LONG COVE WAY
PORT ST LUCIE, FL 34986 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: BOEDICKER, TOM
Address: 212 SW FERNLEAF TR
City-St-Zip: PT ST LUCIE, FL 34953

Title: S () Delete
Name: WILLIFORD, MITCHELL
Address: 5413 DEER RUN DR
City-St-Zip: FORT PIERCE, FL 34951

Title: T () Delete
Name: HOLMES, DONALD
Address: 7818 LONG COVE WAY
City-St-Zip: PT ST LUCIE, FL 34986

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
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City-St-Zip:

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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: DONALD R HOLMES

T

04/18/2009

Electronic Signature of Signing Officer or Director

Date