2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2015
Secretary of State
CC6213943904

DOCUMENT# 722019

Entity Name: KIWANIS CLUB OF SUN CITY CENTER, FLORIDA, INC.

Current Principal Place of Business:

1212 KNIGHTS GATE COURT
SUN CITY CENTER, FL 33573

Current Mailing Address:

1212 KNIGHTS GATE COURT
SUN CITY CENTER, FL 33573 US

FEI Number: 23-7190587

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

GROVES, WILLIAM D
1212 KNIGHTS GATE COURT
SUN CITY CENTER, FL 33573 US

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

Officer/Director Detail :

Title	PRES
Name	PETREE, TONY W
Address	921 SYMPHONY ISLES BLVD
City-State-Zip:	APOLLO BEAC FL 33572

Title	VP
Name	BIBISI, RAY
Address	2007 HALMROCK PL
City-State-Zip:	SUN CITY CENTER FL 33573

Title	TREASURER
Name	GROVES, IDA F
Address	1212 KNIGHTS GATE COURT
City-State-Zip:	SUN CITY CENTER FL 33573

Title	DIRECTOR
Name	LUNDY, CAROLYN
Address	705 GOLF AND SEA BLVD
City-State-Zip:	APOLLO BEACH FL 33572

Title	PRESIDENT ELECT
Name	FREDRICKS, KAREN A
Address	302 NOBLE FAIRE DR
City-State-Zip:	SUN CITY CENTER FL 33573

Title	SEC
Name	GROVES, WILLIAM D
Address	1212 KNIGHT GATE COURT
City-State-Zip:	SUN CITY CENTER FL 33573

Title	DIRECTOR
Name	NOTARFRANCESCO, MARIE
Address	233 MYSTIC FALLS DR
City-State-Zip:	APOLLO BEACH FL 33572

Title	DIRECTOR
Name	LESKO, CONNIE
Address	646 SUNDANCE TRAIL
City-State-Zip:	WIMAUMA FL 33598

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM D GROVES SECRETARY 03/11/2015

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	BRADEN, THOMAS T
Address	1426 LELAND DR
City-State-Zip:	SUN CITY CENTER FL 33573

Title	DIRECTOR
Name	BIBISI, GRACE
Address	2007 HALMROCK PL
City-State-Zip:	SUN CITY CENTER FL 33573

Title	DIRECTOR
Name	EVERETT, DEELORES
Address	2528 YKON CLIFF DR
City-State-Zip:	RUSKIN FL 33570