2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2007 8:00 am
Secretary of State
02-27-2007 90007 017 ****61.25

DOCUMENT # 731357

1. Entity Name

KIWANIS CLUB OF CLERMONT, INC.

Principal Place of Business	Mailing Address
806 W. MINNEOCA AVE. CLERMONT FL 34711 US	P.O. BOX 120114 CLERMONT FL 34712 US

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-0967554 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CALDWELL, ROY W. ATTORNEY
THE OAKS, 608 S. MAIN AVE., #28
MINNEOLA FL 34755

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2007

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 MACKEY, JIM 8728 STATE RD 33 GROVELAND FL 34736	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FALLMAN, FRED 10625 POINT OVERLOOK DR CLERMONT FL 34711-7319	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ADAMS, BILL 721 W LAKESHORE DR CLERMONT FL 34711	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Adams, Bill 971 Cornell Ave. Clermont, Fl. 34711-8210 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BAXTER, DICK 11901 HILLTOP DR CLERMONT FL 34711	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Wallace, John 17303 Promenade Dr. Clermont, Fla. 34711 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ZHAN, PAULA 11400 ALAMED SANDRA DR CLERMONT FL 34711	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Zahn, Paula 11400 Alameda Sandra Dr. Clermont, Fla. 34711-6330 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MOORE, JOHN 1984 BRANTLEY CIR CLERMONT FL 34711	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Heinrich, Marty 11407 Cypress Dr. Clermont, Fla. 34711-8998 ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: John P. Wallace, John P. Wallace 1/31/2007 407-654-0339

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #