


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90023 012 ****61.25

DOCUMENT # 759242 1. Entity Name THE KIWANIS CLUB OF THE GOLDEN TRIANGLE, INCORPORATED, INC.					
Principal Place of Business 4850 N. HWY 19A MOUNT DORA, FL 32757 US			Mailing Address P O BOX 162 MT DORA, FL 32756-0162 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3027011	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MERRITT, JASON E 4850 N HWY 19A MOUNT DORA, FL 32767 WILSON, JACK R. P.O. Box 772 EUSTIS, FL 32727-0772				Name WILSON, JACK R 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 <u><i>Jack R Wilson</i></u> 3-18-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P <input type="checkbox"/> Delete DAVIS, WILLIAM C PO BOX 1046 TAVARES, FL 32778		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. <input type="checkbox"/> Delete WILSON, JACK R P.O. BOX 772 EUSTIS, FL 32726		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR/REGISTER AGENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (SAME)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SPEAKS, ROBERT R 1807 CAROLINA CT TAVARES, FL 32778		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete TUTIN, BELYNDA 32029 DAVID WALKER RD TAVARES, FL 32778		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (SAME)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete SMITH, SCOTT 2453 BROADVUE EUSTIS, FL 32726		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE <input checked="" type="checkbox"/> Delete KNAPKE, MICHAEL W 1509 WOODFIELD OAKS DR APOKA, FL 32703		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition HAND, PATRICIA L. P.O. Box 327 TAVARES, FL 32778-0327	
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: <u><i>H. Scott Smith</i></u> H. SCOTT SMITH, TREASURER 3/16/2004 (352) 483-0557 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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