

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 759242

FILED
Jan 12, 2008
Secretary of State

Entity Name: THE KIWANIS CLUB OF THE GOLDEN TRIANGLE, INCORPORATED, INC.

Current Principal Place of Business:

4850 N. HWY 19A
MOUNT DORA, FL 32757 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 162
MT DORA, FL 327560162 US

New Mailing Address:

FEI Number: 59-3027011 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WILSON, JACK R
2361 RUTH STREET
EUSTIS, FL 32726 US

Name and Address of New Registered Agent:

ADRID, CATHY A
4141 LAKE FOREST
MOUNT DORA, FL 32757 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: CATHY ADRID

01/12/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VAN HASSEL, GEORGE W
Address: 35132 CR 439
City-St-Zip: EUSTIS, FL 32726

Title: DRA () Delete
Name: WILSON, JACK R
Address: P.O. BOX 772
City-St-Zip: EUSTIS, FL 32726

Title: D () Delete
Name: SPEAKS, ROBERT R
Address: 1807 CAROLINA CT
City-St-Zip: TAVARES, FL 32778

Title: D () Delete
Name: YAGER, GREGORY
Address: 3002 LAKE WOODWARD DR
City-St-Zip: EUSTIS, FL 32726

Title: T () Delete
Name: SMITH, SCOTT
Address: 2453 BROADVUE
City-St-Zip: EUSTIS, FL 32726

Title: S () Delete
Name: LAND, PATRICIA L.
Address: PO BOX 327
City-St-Zip: TAVARES, FL 327780227

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: CATHY ADRID

SECR

01/12/2008

Electronic Signature of Signing Officer or Director

Date