

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006028

FILED  
Jan 09, 2012  
Secretary of State

**Entity Name:** THE KIWANIS FOUNDATION OF SOUTHEAST VOLUSIA COUNTY, INC.

**Current Principal Place of Business:**

182 HIBISCUS ROAD  
EDGEWATER, FL 32141

**New Principal Place of Business:**

24 FAIRWAY CIRCLE  
NEW SMYRNA BEACH, FL 32168

**Current Mailing Address:**

P.O. BOX 905  
NEW SMYRNA BEACH, FL 32170

**New Mailing Address:**

FEI Number: 31-1738775

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CAULFIELD, ANNA SECRETA  
182 HIBISCUS  
EDGEWATER, FL 32141 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: SD  
Name: CAULFIELD, ANNA SEC  
Address: 182 HIBISCUS ROAD  
City-St-Zip: EDGEWATER, FL 32141

Title: P  
Name: BAKER, FRED P  
Address: 1226 WAYNE AVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: VP  
Name: HODSON, DOUG VP  
Address: PO BOX 1345  
City-St-Zip: NEW SMYRNA BEACH, FL 32170

Title: TD  
Name: LINDZON, TOM TREAS  
Address: 24 FAIRWAY CIRCLE  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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: TOM LINDZON

T

01/09/2012

Electronic Signature of Signing Officer or Director

Date