

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759242

Entity Name: THE KIWANIS CLUB OF THE GOLDEN TRIANGLE,
INCORPORATED**FILED**
Apr 27, 2018
Secretary of State
CC5716333862**Current Principal Place of Business:**2755 S BAY STREET
SUITE B
EUSTIS, FL 32726**Current Mailing Address:**P.O. BOX 162
MOUNT DORA, FL 32756-0162 US**FEI Number: 59-3027011****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**KEY, ANDY
2501 TREMONT DRIVE
EUSTIS, FL 32726 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 TREASURER
Name WEISS, DAVID L
Address 2755 S BAY STREET
 SUITE B
City-State-Zip: EUSTIS FL 32726Title BOARD MEMBER
Name CALLAHAN, MICHAEL
Address 1911 CITRUS CT.
City-State-Zip: MOUNT DORA FL 32757Title DIRECTOR
Name WELKE, BRIAN
Address 1821 MORRIS ST
City-State-Zip: EUSTIS FL 32726Title DIRECTOR
Name TRITON, SARAH
Address 1025 N PALM CIRCLE
City-State-Zip: EUSTIS FL 32726Title S
Name KEY, ANDY
Address 2501 TREMONT DRIVE
City-State-Zip: EUSTIS FL 32726Title DIRECTOR, VP
Name FREY, MATTHEW
Address 444 DOUGLAS EDWARD DR
City-State-Zip: OCOEE FL 34761-4649Title DIRECTOR
Name HILL, KAY
Address 1461 EDGEWATER DR
City-State-Zip: MOUNT DORA FL 32757Title PRESIDENT
Name ANDERS, EDGAR
Address 2005 CASTELLI BLVD
City-State-Zip: MOUNT DORA FL 32757**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: DAVID L WEISS**TREASURER****04/27/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	SMITH, HERBERT SCOTT
Address	2453 BROADVUE AVE
City-State-Zip:	EUSTIS FL 32726