

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759242

Entity Name: THE KIWANIS CLUB OF THE GOLDEN TRIANGLE,
INCORPORATED**Current Principal Place of Business:**4131 LAKE FOREST ST.
MOUNT DORA, FL 32757**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: ANDY KEY****04/03/2024**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name KEY, ANDY
Address 2501 TREMONT DRIVE
City-State-Zip: EUSTIS FL 32726

Title TREASURER
Name LAND, PATRICIA L
Address 4131 LAKE FOREST ST
City-State-Zip: MOUNT DORA FL 32757

Title DIRECTOR
Name GRUSS, BRIAN
Address 4401 ABACO DR
City-State-Zip: TAVARES FL 32778-4792

Title DIRECTOR
Name HOLTZCLAW, RACHEL
Address 66 W SEMINOLE AVE
City-State-Zip: EUSTIS FL 32726-6214

Title DIRECTOR
Name CALLAHAN, MIKE
Address 1911 CITRUS
City-State-Zip: MOUNT DORA FL 32757

Title DIRECTOR
Name BARNES, JAMES
Address 1940 COUNTRY CLUB DRIVE
City-State-Zip: EUSTIS FL 32726-5824

Title DIRECTOR
Name PARKER, CHARLES
Address 1821 PARK FOREST BLVD.
City-State-Zip: MOUNT DORA FL 32757-6928

Title PRESIDENT
Name VOGL, GREGORY
Address 1900 EDGEWATER DR.
City-State-Zip: MOUNT DORA FL 32757

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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: PATRICIA L LAND**TREASURER****04/03/2024**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name WINKER, WADE
Address 728 BOYLSTON ST.
City-State-Zip: LEESBURG FL 34748-6302

Title DIRECTOR
Name PARKER, TAD
Address 1821 PARK FOREST BLVD
City-State-Zip: MOUNT DORA FL 32757

Title DIRECTOR
Name MARQUEZ, KELSEY
Address P.O. BOX1992
City-State-Zip: UMATILLA FL 32784-1992

Title DIRECTOR
Name WEBER, RON
Address 8660 BRIDGEPORT BAY CIR
City-State-Zip: MOUNT DORA FL 32757