

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000006028

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

**FILED**  
**Apr 13, 2016**  
**Secretary of State**  
**CC7293876319**

**Current Principal Place of Business:**

24 FAIRWAY CIRCLE  
NEW SMYRNA BEACH, FL 32168

**Current Mailing Address:**

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

**FEI Number: 31-1738775**

**Certificate of Status Desired: No**

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

CAULFIELD, ANNA SECRETA  
182 HIBISCUS  
EDGEWATER, FL 32141 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: ANNA CAULFIELD

04/13/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	SD	Title	VP
Name	CAULFIELD, ANNA SEC	Name	DRIVER, PAT
Address	182 HIBISCUS ROAD	Address	P.O. BOX 905
City-State-Zip:	EDGEWATER FL 32141	City-State-Zip:	NEW SMYRNA BEACH FL 32170
Title	PRESIDENT	Title	TD
Name	SMITH, CHARLOTTE	Name	LINDZON, TOM TREAS
Address	116 TURNBULL	Address	24 FAIRWAY CIRCLE
City-State-Zip:	NEW SMYRNA BEACH FL 32168	City-State-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

TREASURER

04/13/2016

Electronic Signature of Signing Officer/Director Detail

Date