

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000009628

**Entity Name:** KIWANIS CLUB OF LADY LAKE CHARITABLE FOUNDATION, INC.**FILED**  
**Feb 12, 2019**  
**Secretary of State**  
**8557722088CC****Current Principal Place of Business:**1518 HILLCREST DR  
THE VILLAGES, FL 32159**Current Mailing Address:**PO BOX 820  
LADY LAKE, FL 32159 US**FEI Number: 80-0335556****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CLINE, JOANN M TREASURER  
1518 HILLCREST DR  
THE VILLAGES, FL 32159 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:** JOANN M CLINE**02/12/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	TREASURER	Title	PRESIDENT
Name	CLINE, JOANN M	Name	TINSLEY, CLEVE
Address	1518 HILLCREST DR	Address	7857 SE 167TH BURLEIGH PL
City-State-Zip:	THE VILLAGES FL 32159	City-State-Zip:	THE VILLAGES FL 32162
Title	SECRETARY	Title	DIRECTOR
Name	TINSLEY, DEBORAH	Name	ROGERS, BARBARA
Address	7857 SE 167TH BURLEIGH PL	Address	765 LESLIE LANE
City-State-Zip:	THE VILLAGES FL 32162	City-State-Zip:	THE VILLAGES FL 32162

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:** JOANN M. CLINE**TREASURER****02/12/2019**

Electronic Signature of Signing Officer/Director Detail

Date