


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90203 042 ****61.25

DOCUMENT # 700175			
1. Entity Name KIWANIS CLUB OF CADDERBY /WINTER PARK, INC. <i>Kiwanis Club of Winter Park Inc</i>			
Principal Place of Business <i>980</i> 980 VIRGINIA DR WINTER PARK FL 32789 US		Mailing Address PO BOX 1573 WINTER PARK FL 32790-1573	
2. Principal Place of Business - No P.O. Box # <i>980 Virginia Dr</i>		3. Mailing Address <i>P.O. Box 1573</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Winter Park, FL</i>		City & State <i>Winter Park FL</i>	
Zip <i>32789</i>	Country <i>ORANGE</i>	Zip <i>32790</i>	Country <i>ORANGE</i>
6. Name and Address of Current Registered Agent COUGHLIN, JR, DANIEL M 980 VIRGINIA DR WINTER PARK FL 32789		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Daniel M Coughlin</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D COUGHLIN, DANIEL M 980 VIRGINIA DR WINTER PARK FL 32789-5908 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Pres/D</i> A. J. Volk 10801 Cherry Oak Circle Orlando, FL 32817 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OTTINGER, ROBERT 1249 SARA COURT WINTER PARK FL 32789 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>V Pres/D</i> Cory T Jones 655 W. Morse Blvd Suite 118 Winter Park, FL 32789 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Pres/D</i> Frances Portakatin 1250 Lee Rd Winter Park FL 32789 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Pres/D</i> Diane Kessluk 343 W. Canton Ave Winter Park, FL 32789 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *D. Volk*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #