2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 700175  1. Entity Name  KIWANIS CLUB OF CASSELBERRY WINTER PARK, INC.							FILE 08 MAR -3		
Principal Place of Business Mailing Address  980 VIRGINIA DR PO BOX 1573 WINTER PARK FL 32789 WINTER PARK FL 32790-157 US							i that angar Thatanamin	F STATE	
2. Principal P	Place of Busin	ess - No P.O. Box#	3. Mailing Address			1 18.833 18.834		ili alah ahah alah ala	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			1st MC	OORE CR2EO	37 (10/07)	
City & State			City & State			4. FEI Number 5	9-6152593	<u> </u>	plied For t Applicable
Zíp		Country	Zip	Country		5. Certificate of St		\$8.75 Add Fee Required	
	6. Name	and Address of Current	Registered Agent	Narne		7. Name and Add	ress of New Registere	d Agent	
COUGHLY, JR, DANIEL M 980 VIRGINIA DR WINTER PARK FL 32789					Street Address (P.O. Box Number is Not Acceptable)				
				City			F	L 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. Fam familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typod or printed centrol registered around and the discriptable. (NOTE: Registered Agent signature registered when registered when registered.)									
FILE NOW: FEE IS S61.25  9. Election Campaign F Trust Fund Contribut  10. OFFICERS AND DIRECTORS  11.					<u></u>	\$5.00 May Be Added to Fees	Make Che Florida Dep ES TO OFFICERS AND	artment of S	state:
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D VOLK, AJ 10801 CHE ORLANDO	ERRY OAK CIR FL 32817	<b>□</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5ec 90 310	retory of Corri londo F	K.	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	DREY T RSE BLVD SUITE 113 ARK FL 32789	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	12550 LEE	IN, FRANCES RD ARK FL 32789	☐ Delete	NAME STREET ADDRESS CITY-ST-Z P		500 03/13/0	0120297 801001018	295 **96.2	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KESSLUK, 343 W CAC WINTER PA		ID Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Jr 3/	□ Change	☐ 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:  SIGNATURE:  SIGNATURE:									