

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 05, 2006 8:00 am**  
**Secretary of State**

07-05-2006 90002 036 \*\*\*\*61.25

**DOCUMENT # 701734**

1. Entity Name  
**KIWANIS CLUB OF GREATER BRANDON, FLORIDA, INC.**



Principal Place of Business  
815 PROVIDENCE RD  
BRANDON, FL 33511 US

Mailing Address  
P.O. BOX 581  
BRANDON, FL 33509-0581

**40097865**



06212006 Chg-NP CR2E037 (4/06)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**59-6152546**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BEST, CHRISTIE L**  
**5930 JAEGERGLEN DRIVE**  
**LITHIA, FL 33547**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$61.25**  
**Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete  
NAME **COSE, ROBERT**  
STREET ADDRESS **2212 HERITAGE CREST DRIVE**  
CITY - ST - ZIP **VALRICO, FL 33594**

TITLE **T** ☐ Delete  
NAME **LANGOWSKI, LYNN**  
STREET ADDRESS **2025 CATTLEMAN DRIVE**  
CITY - ST - ZIP **BRANDON, FL 33511**

TITLE **D** ☐ Delete  
NAME **SOTO, CARLOS**  
STREET ADDRESS **5705 EAGLE POINT PLACE**  
CITY - ST - ZIP **LITHIA, FL 33547**

TITLE **PP** ☐ Delete  
NAME **JENKINS, EDDIE L**  
STREET ADDRESS **2712 BRIAR PATH DRIVE**  
CITY - ST - ZIP **VALRICO, FL 33594**

TITLE **S** ☐ Delete  
NAME **BEST, CHRISTIE L**  
STREET ADDRESS **5930 JAEGERGLEN DRIVE**  
CITY - ST - ZIP **LITHIA, FL 33547**

TITLE **P** ☒ Delete  
NAME **KRAFT, CYNTHIA**  
STREET ADDRESS **2209 WHITNEY PLACE**  
CITY - ST - ZIP **VALRICO, FL 33594**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PA** ☐ Change ☒ Addition  
NAME **Dustin Amatangelo**  
STREET ADDRESS **10340 Ashley Oaks Dr**  
CITY - ST - ZIP **Riverview, FL 33569**

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #