

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703260

FILED
Apr 15, 2009
Secretary of State

Entity Name: TAMPA KIWANIS FOUNDATION, INC.

Current Principal Place of Business:

4100 W KENNEDY BLVD.
STE. 226
TAMPA, FL 33609 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 22154
TAMPA, FL 33622 US

New Mailing Address:

FEI Number: 59-6152595

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ORCHARD, JAMES A
4921 MEMORIAL HIGHWAY
SUITE 300
TAMPA, FL 33634 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GRIEB, ROBERT V
Address: 11803 WILLOW POINT WAY
City-St-Zip: TAMPA, FL 33618

Title: D () Delete
Name: DIAZ, ALBERTO
Address: 11726 BRANCH MOORING DR.
City-St-Zip: TAMPA, FL 33635

Title: TD () Delete
Name: KEYES, KARA
Address: 858 27TH AVE NORTH
City-St-Zip: SAINT PETERSBURG, FL 33704

Title: D () Delete
Name: FOX, ANGELA S
Address: 9108 SHADOW POND COURT
City-St-Zip: TAMPA, FL 33556

Title: D () Delete
Name: KOSCSO, MARTIN E
Address: 8213 CRENSHAW CIRCLE
City-St-Zip: TAMPA, FL 33615

Title: SD () Delete
Name: ORCHARD, JAMES A
Address: 4921 MEMORIAL HIGHWAY
City-St-Zip: TAMPA, FL 33634

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JAMES A ORCHARD

SD

04/15/2009

Electronic Signature of Signing Officer or Director

Date