2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 24, 2008 8:00 am Secretary of State

DOCUMENT # 704480 1. Entity Name KIWANIS CLUB OF EAST ORLANDO, INC.							08 90039 031 **	
% LOUIS H LAUTERIA % LOUIS H 605 E. ROBINSON ST. #620 605 E. ROB		Mailing Addres % LOUIS H L 605 E. ROBII ORLANDO, FI	AUTERIA NSON ST. #620					
2. Principal Place of Business - No P.O. Box # 3. Ma		B. Mailing Address					<u> </u>	
Suite, Apt. #, etc. S		Suite, Apt.	Suite, Apt. #, etc.		01162008	Chg-NP	CR2E037 (12/0	3)
City & State		City & State		4. FEI Number 59-6168			Applied For Not Applicable	
Zip	Country	Zip	Co	untry	5. Certificate of	f Status Desired	□ \$8.75 Fee Req	Additional uired
	6. Name and Address of Current Re	gistered Agent	t		7. Name and A	Address of New	Registered Agent	
BEDSKUN	LCÁRVÁ			Name				
BERSKON, GARY M 111 N. ORANGE AVE. STE. 1200 ORLANDO, FL/ 32801				Street Address (P.O. Box Number is Not Acceptable)				
				City		112.7	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 an							ith, and accept	
the obligations of registered agent. SIGNATURE Significant, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when renstating) DATE								
	Stgriture, typed or printed name of registered agent and	title il applicable.	(NOTE: Register	ed Agent signature rec	quired when reinstating)		DATE	
<u>.</u>	Signifure, typed or printed name of registered agent and Filling Fee is \$61.25 Due by May 1, 2008	9. EI	(NOTE: Register	Financing _	\$5.00 May Be Added to Fees	FI	Make check payable orida Department o	
10.	Filing Fee is \$61.25	9. EI	lection Campaign	Financing Ition.	\$5.00 May Be Added to Fees	FI	Make check payabl	State
10. TITLE	Filing Fee is \$61.25 Due by May 1, 2008	9. EI TI	lection Campaign rust Fund Contribu	Financing ltion.	\$5.00 May Be Added to Fees	FI	Make check payabl orida Department o	SIN 10
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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

1.21.08

Date

407-872-6829

Daytime Phone #