


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90214 015 ****61.25

DOCUMENT # 704605
1. Entity Name
SARASOTA KIWANIS FOUNDATION, INC.

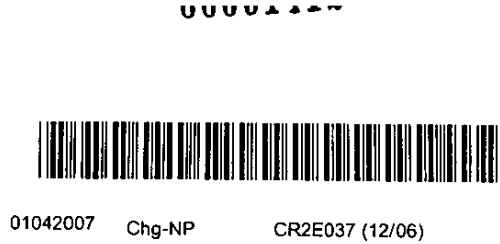


Principal Place of Business
2381 FRUITVILLE ROAD
SARASOTA, FL 34237

Mailing Address
2381 FRUITVILLE ROAD
SARASOTA, FL 34237

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



6. Name and Address of Current Registered Agent
SPANGLER, STEPHEN
2381 FRUITVILLE ROAD
SARASOTA, FL 34237

4. FEI Number
59-6153329

Applied For
 Not Applicable

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

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 _____
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 May 1, 2007

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
T NAME: SPANGLER, STEPHEN STREET ADDRESS: 2381 FRUITVILLE ROAD CITY-ST-ZIP: SARASOTA, FL 34233	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME: KACH, KRAIG STREET ADDRESS: 1800 SECOND ST SUITE 803 CITY-ST-ZIP: SARASOTA, FL 34236	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME: BARNES, JOHN STREET ADDRESS: 1800 SECOND ST STE 919 CITY-ST-ZIP: SARASOTA, FL 34236	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
P NAME: STUART, DONALD STREET ADDRESS: 1549 RINGLING BLVD CITY-ST-ZIP: SARASOTA, FL 34236	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<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 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 # _____