2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # 705035 01-23-2004 90033 025 ****61.25 KIWANIS CLUB OF SEMINOLE FLORIDA INC Mailing Address Principal Place of Business P.O. BOX 3147 P.O. BOX 3147 SEMINOLE, FL 34642 SEMINOLE, FL 34642 2. Principal Place of Business 3. Mailing Address Suite Apt. #. etc. Suite, Apt. #, etc. 01152004 Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Number 59-6168948 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required - -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LANGE BRAKE, BETH **12908 LOIS AVE** Street Address (P.O. Box Number is Not Acceptable) SEMINOLE, FL 33776 City 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, DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Fiorida Department of State Due by May 1, 2004 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Delete TITLE ☐ Change Addition BLAUVELT, JEANINE NAME NAME STREET ADDRESS 8987 ANTIQUA DR STREET ADDRESS CITY-ST-ZIP LARGO, FL 33777 CITY-ST-7IP PP TITLE ☐ Delete TITLE **X** Change ☐ Addition NAME SHOTTS, GERALD NAME 8515 140 STREET N STREET ADORESS STREET ADDRESS CITY-ST-ZIP SEMINOLE, FL 33776 CITY-ST-ZIP SD TITLE ☐ Delete TITLE ☐ Change ☐ Addition GRANT, ROBERT NAME NAME STREET ADDRESS 13300 WALSINGHAM RD. #42 STREET ADDRESS LARGO, FL CITY-ST-ZIP CITY-ST-ZIP PE Addition TITLE ☐ Delete TIT! F XI Change GAREAU, CAROL NAME NAME STREET ADDRESS 11084 DUNCAN STREET N STREET AODRESS CITY-ST-ZIP SEMINOLE, FL 33772 CITY-ST-ZIP ПΠЕ ☐ Delete TITLE Change Addition LANGEBRAKE, BETH 12908 LOIS AVE STREET ADDRESS STREET ADORESS CITY-ST-ZIP* 1 SEMINOLE, FL 33776 CITY-ST-ZIP TITLE **X** Delete TITLE ☐ Change X Addition TERRY CARR 13085 96 AVE.N. SIMS, BOB NAME NAME : STREET ADDRESS 6315 SHORELINE DR. 3305 STREET ADORESS CITY-ST-ZIP & SAINT, PETERSBURG, FL 33708 CITY-ST-7IP SEMINOLE, FL 33776

FILED Jan 23, 2004 8:00 am

12. I hereby certify that the information supplied with this fitting does not qualify for the exemption stated in Section 119.07(3)(i). 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:

DETH LANGE BRAKE 1|15|04 727 39 3 2 3 8 8