2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State
01-14-2005 90008 038 ****61.25

DOCUMENT # 705035

1. Entity Name
KIWANIS CLUB OF SEMINOLE FLORIDA INC

Principal Place of Business	Mailing Address
P.O. BOX 3147 SEMINOLE, FL 34642	P.O. BOX 3147 SEMINOLE, FL 34642

01102005 Chg-NP CR2E037 (10/03)

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 59-6168948 ☐ 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
LANGE BRAKE, BETH 12908 LOIS AVE SEMINOLE, FL 33776	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, 2005

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	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BLAUVELT, JEANINE 8987 ANTIQUA DR LARGO, FL 33777	☒ Delete	PE LOU STARMAN 6567 SAHARA DR. SEMINOLE FL 33777	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PP SHOTTS, GERALD 8515 140 STREET N SEMINOLE, FL 33776	☒ Delete	V LATISHA SPRINGER 10990 GROVE TERRACE SEMINOLE FL 33772	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GRANT, ROBERT 13300 WALSINGHAM RD. #42 LARGO, FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GAREAU, CAROL 11084 DUNCAN STREET N SEMINOLE, FL 33772	☐ Delete	PP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LANGEBRAKE, BETH 12908 LOIS AVE SEMINOLE, FL 33776	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PE CARR, TERRY 13085 96 AVE. N. SEMINOLE, FL 33776	☐ Delete	P	☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing 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: Beth Langebrake Beth Langebrake 1/10/2005 727 572 2211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #