

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90002 029 ****61.25

DOCUMENT # 705090 1. Entity Name KIWANIS CLUB OF PINELLAS PARK FLORIDA, INC.					
Principal Place of Business 6075 PARK BLVD STE A PINELLAS PARK, FL 33781 US			Mailing Address 6075 PARK BLVD STE A PINELLAS PARK, FL 33781 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-6168939	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SCHRIEFER, GEORGE J. 6075 PARK BLVD. PINELLAS PARK, FL				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SWARTZ, ALAN	NAME			
STREET ADDRESS	6278 109TH TERRACE N	STREET ADDRESS			
CITY-ST-ZIP	PINELLAS PARK, FL 33782	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	THRASHER, GARY	NAME			
STREET ADDRESS	9890 82ND AVE. N	STREET ADDRESS			
CITY-ST-ZIP	SEMINOLE, FL 33777	CITY-ST-ZIP			
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MARLOW, JR, RALPH	NAME	President		
STREET ADDRESS	9900 66TH WAY N.	STREET ADDRESS	Doug Parker		
CITY-ST-ZIP	PINELLAS PARK, FL 33782	CITY-ST-ZIP	6666 Woodland Blvd.		
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GILMORE, TINA	NAME			
STREET ADDRESS	C/O 7694 49TH ST. N	STREET ADDRESS			
CITY-ST-ZIP	PINELLAS PARK, FL 33781	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DUSIL, JAMES	NAME			
STREET ADDRESS	1944 ARVIS CIRCLE E	STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER, FL 33764	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KARKHECK, HERB	NAME			
STREET ADDRESS	6650 GREENBRIER DR	STREET ADDRESS			
CITY-ST-ZIP	LARGO, FL 33777	CITY-ST-ZIP			
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: _____		Treasurer, Jim Dusil		3/1/2007	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	