

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90402 047 ****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

Zip

Country

Zip

Country

04152008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-6168939

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

**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

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, 2008**

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 **D** ☐ Delete
NAME **SWARTZ, ALAN**
STREET ADDRESS **6278 109TH TERRACE N**
CITY-ST-ZIP **PINELLAS PARK, FL 33782**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **THRASHER, GARY**
STREET ADDRESS **9890 82ND AVE. N**
CITY-ST-ZIP **SEMINOLE, FL 33777**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **PARKER, DOUG**
STREET ADDRESS **6666 WOODLAND BLVD.**
CITY-ST-ZIP **PINELLAS PARK, FL 33782**

TITLE **P** ☒ Change ☐ Addition
NAME **Hoeneisen, Ray**
STREET ADDRESS **5900 Park Blvd.**
CITY-ST-ZIP **Pinellas Park, FL 33781**

TITLE **S** ☐ Delete
NAME **GILMORE, TINA**
STREET ADDRESS **C/O 7694 49TH ST. N**
CITY-ST-ZIP **PINELLAS PARK, FL 33781**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **DUSIL, JAMES**
STREET ADDRESS **1944 ARVIS CIRCLE E**
CITY-ST-ZIP **CLEARWATER, FL 33764**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **KARKHECK, HERB**
STREET ADDRESS **6650 GREENBRIER DR**
CITY-ST-ZIP **LARGO, FL 33777**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: **Jim Dusil, Treasurer**

(727) 388-2265

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #