


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 705170</b> 1. Entity Name KIWANIS CLUB OF MIDTOWN TAMPA, INC.	
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Principal Place of Business P.O. BOX 532 TAMPA, FL 33601	Mailing Address P.O. BOX 532 TAMPA, FL 33601
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**DO NOT WRITE IN THIS SPACE**



04202005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-0980083	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  PETERSON, RONALD J. 4622 WESTFORD CR TAMPA, FL 33624
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**DO NOT WRITE  
IN THIS SPACE**

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 restate.)</small>	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RUTH, ANGELA 10706 N ROME AVENUE TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARRAWAY, J. FRAZIER 48 ALBEMARLE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FARRIS, DONALD 5507 LEGACY CRESCENT PL #201 RIVERVIEW, FL 335692819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PETERSON, RONALD J. 4622 WESTFORD CIRCLE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLIER, KENNETH 4113 SAN JUAN TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LOVELL, TROY 100 N TAMPA STREET SUITE 2700 TAMPA, FL 33602

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04/22/05-80050-024 61.25

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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.

<b>SIGNATURE:</b> <u>Ronald J Peterson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>4-20-05</u> <small>Date</small>	<u>813-844-9814</u> <small>Daytime Phone #</small>
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