2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708861

Entity Name: KIWANIS CLUB OF WINTER HAVEN, INC.

FILED Jan 05, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

16 BRIDGEWATER DR WINTER HAVEN, FL 33884

Current Mailing Address: New Mailing Address:

16 BRIDGEWATER DR WINTER HAVEN, FL 33884

FEI Number: 59-6144696 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SCHROEDER, B.J. 16 BRIDGEWATER DR WINTER HAVEN, FL 33884

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

 Title:
 DP () Delete
 Title:
 DP (X) Change () Addition

 Name:
 PUTNEY, BETTY
 Name:
 RISHER, JOHN MR

 Address:
 903 14TH ST NE
 Address:
 1525 17TH. ST. NW

 City-St-Zip:
 WINTER HAVEN, FL 33881
 City-St-Zip:
 WINTER HAVEN, FL 33881

Title: VPD () Delete Title: D (X) Change () Addition Name: BAKER, LISA Name: BAKER, LISA

Address: 132 MILLER RD Address: 132 MILLER RD
City-St-Zip: WINTER HAVEN, FL 33884 City-St-Zip: WINTER HAVEN, FL 33884

Title: T () Delete Title: DT (X) Change () Addition

Name:SCHROEDER, B JOEName:SCHROEDER, B J MRAddress:16 BRIDGEWATAER DR.Address:16 BRIDGEWATAER DR.City-St-Zip:WINTER HAVEN, FL 33884City-St-Zip:WINTER HAVEN, FL 33884

Title: S () Delete Title: DS (X) Change () Addition Name: HOOSIER, BETTY, Name: HOOSIER, BETTIE MRS

Name: HOUSIER, BETTY, Name: HOUSIER, BETTE MRS
Address: 1519 OAKVIEW CIRCLE, SE
City-St-Zip: WINTER HAVEN, FL
City-St-Zip: WINTER HAVEN, FL
City-St-Zip: WINTER HAVEN, FL

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: B J SCHROEDER MR 01/05/2004