

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708861

FILED  
Jan 06, 2006  
Secretary of State

Entity Name: KIWANIS CLUB OF WINTER HAVEN, INC.

**Current Principal Place of Business:**

16 BRIDGEWATER DR  
WINTER HAVEN, FL 33884

**New Principal Place of Business:**

**Current Mailing Address:**

16 BRIDGEWATER DR  
WINTER HAVEN, FL 33884

**New Mailing Address:**

FEI Number: 59-6144696

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: RISHER, JOHN MR  
Address: 1525 17TH. ST. NW  
City-St-Zip: WINTER HAVEN, FL 33881

Title: DP ( ) Delete  
Name: MERCER, TRACY MS  
Address: 3558 HARBOR CIR. NW  
City-St-Zip: WINTER HAVEN, FL 33881

Title: DT ( ) Delete  
Name: SCHROEDER, B J MR  
Address: 16 BRIDGEWATER DR.  
City-St-Zip: WINTER HAVEN, FL 33884

Title: DS ( ) Delete  
Name: HOOSIER, BETTIE MRS  
Address: 1519 OAKVIEW CIRCLE, SE  
City-St-Zip: WINTER HAVEN, FL 33880

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: SUZANNE, MORACO  
Address: 2299 N LAKE HARTRIDGE DR.  
City-St-Zip: WINTER HAVEN, FL 33881

Title: DP (X) Change ( ) Addition  
Name: THOMPSON, MARK MR  
Address: 5404 SOUTH FLORIDA AVE.  
City-St-Zip: LAKELAND, FL 33813

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 JOE SCHROEDER

DT

01/06/2006

Electronic Signature of Signing Officer or Director

Date