## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 20, 2007 8:00 am **Secretary of State DOCUMENT # 710874** 1. Entity Name 03-20-2007 90015 043 \*\*\*\*70.00 KIWANIS CLUB OF MULBERRY, FLORIDA, INC. Principal Place of Business Mailing Address 211-13 NW 1ST AVE. P. O. BOX 222 MULBERY FL 33860 211-13 NW 1ST AVE. P. O. BOX 222 MULBERY FL 33860 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 211-1-3 NW FIRSTAND 3551 JADE Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State 4. FEI Number Applied For 59-6152257 Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent IOHN HOWARD, STEPHEN D Street Address (P.O. Box Number is Not Acceptable) 3992 LAUREL CREST DR MULBERRY FL 33860 City 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 registerod agent FILE NOW: FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Due By May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Delete BECRETARY HILE TITLE Change NAME HATHAWAY, LISA NAME JOHN T. LBE R STREET ADDRESS 3045 DOVE LN STREET ADDRESS CITY - ST- 7IP MULBERRY FL 33860 CITY-ST-7/P THILE VΡ ☐ Delete ши RECTOR Addition NAME HATHAWAY, MARY ROSE NAME STREET ADDRESS 3045 DOVE LN STREET ADDRESS TOPHER CITY - ST- ZIF CITY+ST-7/P MULBERRY FL 33860 MUL BERRY 33860 iiiiiE \*Delete HILL **T** Autorium NAME HOWARD, STEPHEN D NAMI JACKSON STREET ADDRESS STREET ADDRESS 3992 LAUREL CREST DR GREENWOODS CHY-ST-ZIP CHY ST ZIP MULBERRY FL 33860 🔼 Delote DIRECTOR mill Addition D 11011 □ Change GEORGE STOUGH NAME 1057 COLONY PARK DRIVE MACEY, ROBERT S STREET ADDRESS STREET ADDRESS 1836 PINNACLE DR CITY - ST-ZIP CITY-ST-ZIP LAKELAND FL 33813 MUI ☐ Delete ☐ Change ☐ Addition NAME BORDERS, MICHAEL STREET ADDRESS STREE1 ADDRESS 1501 SHEPHERD RD. APT. 127 CITY-ST-ZIP LAKELAND FL 33811 CITY-ST-ZIP TIFLE TITLE ☐ Delete Change ☐ Addition NAME QUINN, JACK NAME STREET ADDRESS STREET ADDRESS 3551 JADE LANE CITY-ST-ZIP MULBERRY FL 33860 CITY-ST-7IP I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 path, 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.

**FILED** 

JOHN T. (DUINN3-9-07