

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90098 003 ****61.25

DOCUMENT # 712543

1. Entity Name
KIWANIS CLUB OF MOUNT DORA, FLORIDA, INC.



Principal Place of Business
C/O LAKESIDE INN
100 NORTH ALEXANDER STREET
MOUNT DORA, FL 32757 US

Mailing Address
P.O. BOX 1277
PO BOX 1277
MOUNT DORA, FL 32756 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

01212008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-6158904

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEPHENS, TOMMY E
179 BAY RD.
MOUNT DORA, FL 32751

7. Name and Address of New Registered Agent

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
FETNER, AARON
1620 DORSET DR
MOUNT DORA, FL 32757 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ATD
STEPHENS, TOMMY E
936 FAIRVIE AVE
MOUNT DORA, FL 32757 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
MERRELL, BEEBE
PO BOX 874
MT. DORA, FL 32757 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TD
MCCULLOUGH, SCOTT
1150 GROVE LANE
MOUNT DORA, FL 32757 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition
P
RICHARD ROOT
501 JUNIPER WAY
TAUARES, FL 32778

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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: *R. Scott M'Callough* R. SCOTT M'CALLOUGH 4-17-08 352-483-1100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #