

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

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90033 035 ****61.25

DOCUMENT # 713465

1. Entity Name
**KIWANIS CLUB OF WEST PASCO, NEW PORT RICHEY,
FLORIDA, INC.**



Principal Place of Business

**12014 PENZANCE LANE
NEW PORT RICHEY, FL 34654 US**

Mailing Address

**P.O. BOX 1716
NEW PORT RICHEY, FL 34656**

DO NOT WRITE IN THIS SPACE



02252005 No Chg-NP

CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KING, JANE L
12014 PENZANCE LANE
NEW PORT RICHEY, FL 34654**

**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

Jane L. King

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/31/05

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P V EDWARD WESS
LIBERTWOOD, VICKI 6117 CALIBER CT.
12708 COLLEGE HILL DR
HUDSON, FL 34667 NEW PORT RICHEY, FL 34655**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**H
HARTSHORNE, WALTER
9622 BRASSIE CT
NEW PORT RICHEY, FL 34654**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
KING, JANE L
12014 PENZANCE LANE
NEW PORT RICHEY, FL 34654**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
RHODES, ERIC
5547 RICHEY DR
NEW PORT RICHEY, FL 34652**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DUFF, BILL R
1113 KAPOK CIRCLE
CLEARWATER, FL 33759**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KOPPELMAN, JOEL
8335 GOLDDOME DRIVE
PORT RICHEY, FL 34668**

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

Jane L. King **JANE L. KING**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/05 *215 852-7830*

DATE

DAYTIME PHONE #