
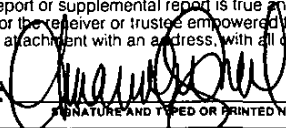


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90109 008 \*\*\*\*61.25

<b>DOCUMENT # 713465</b> 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		
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		Country		01152007 Chg-NP CR2E037 (12/06)	
4. FEI Number NOT APPLICABLE				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  KING, JANE L 12014 PENZANCE LANE NEW PORT RICHEY, FL 34654				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEISS, EDWARD 6117 CALIBER CT NEW PORT RICHEY, FL 34655	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PAUL F. VOTINELLI 10710 TONAPA LOOP PORT RICHEY FL 34668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HARTSHORNE, WALTER 9622 BRASSIE CT NEW PORT RICHEY, FL 34654	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AMANDA M. SAGUIL 7130 LAKE MAGNOLIA DRIVE, APT C NEW PORT RICHEY FL 34653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KING, JANE L 12014 PENZANCE LANE NEW PORT RICHEY, FL 34654	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANTHONY SAG AND 8902 KILMER WAY HUDSON FL 34667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KING, THOMAS P SR 12014 PENZANCE LANE NEW PORT RICHEY, FL 34654	<input checked="" type="checkbox"/> Delete		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 DUFF, BILL R 1113 KAPOK CIRCLE CLEARWATER, FL 33759	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAPLES, WINFIELD 3117 LENWOOD DRIVE NEW PORT RICHEY, FL 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAPLES, WINFIELD 3117 LENWOOD DRIVE NEW PORT RICHEY, FL 34655	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAPLES, WINFIELD 3117 LENWOOD DRIVE NEW PORT RICHEY, FL 34655
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.					
<b>SIGNATURE:</b> 				AMANDA M. SAGUIL	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date: 01/18/07 (727) 738-1100	