

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90077 021 ****61.25

DOCUMENT # 736517

1. Entity Name
THE KIWANIS CLUB OF ORLANDO FOUNDATION, INC.



Principal Place of Business
**450 S ORANGE AVENUE
500
ORLANDO, FL 32801**

Mailing Address
~~501 E JACKSON STREET~~ **801 N. Magnolia Ave**
~~SUITE 104~~ **SUITE 101**
~~ORLANDO, FL 32801~~ **Orlando FL 32803**



04042007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0203854

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CFRA LLC
CORPORATE CENTER THREE AT INT'L PLAZA
4221 W. BOY SCOUT BLVD, 10TH FLOOR
TAMPA, FL 33607-5736**

**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

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, 2007**

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	PD KIRBY, STEVE 450 S ORANGE AVENUE ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LINDER, ROBERT 501 E JACKSON ST ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MCCOLLUM, I. WILLIAM 450 S ORANGE AVENUE ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RIZZO, ELIZABETH 450 S ORANGE AVENUE ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/3/07

407 648-7010