

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 15, 2008 8:00 am**  
**Secretary of State**

01-15-2008 90035 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  
**801 N. MAGNOLIA AVE  
SUITE 101  
ORLANDO, FL 32803**

40004100



01042008 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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME ~~KIRBY, STEVE~~ *Swartzel, Vernon*  
STREET ADDRESS 450 S ORANGE AVENUE  
CITY-ST-ZIP ORLANDO, FL 32801

TITLE TD  
NAME LINDER, ROBERT  
STREET ADDRESS 501 E JACKSON ST  
CITY-ST-ZIP ORLANDO, FL

TITLE VPD  
NAME ~~MCCOLLUM, I WILLIAM~~ *Maguire, Raymond III*  
STREET ADDRESS 450 S ORANGE AVENUE  
CITY-ST-ZIP ORLANDO, FL 32801

TITLE SD  
NAME RIZZO, ELIZABETH  
STREET ADDRESS 450 S ORANGE AVENUE  
CITY-ST-ZIP 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 #

1/8/08 407-849-0300