

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736517

FILED  
Jan 16, 2009  
Secretary of State

**Entity Name:** THE KIWANIS CLUB OF ORLANDO FOUNDATION, INC.

**Current Principal Place of Business:**

450 S ORANGE AVENUE  
500  
ORLANDO, FL 32801

**New Principal Place of Business:**

**Current Mailing Address:**

801 N. MAGNOLIA AVE  
SUITE 101  
ORLANDO, FL 32803

**New Mailing Address:**

**FEI Number:** 51-0203854

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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 336075736 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SWARTSEL, VERNON  
Address: 450 S ORANGE AVENUE  
City-St-Zip: ORLANDO, FL 32801

Title: TD ( ) Delete  
Name: LINDER, ROBERT  
Address: 501 E JACKSON ST  
City-St-Zip: ORLANDO, FL

Title: VPD ( ) Delete  
Name: MAGUIRE, RAYMON III  
Address: 450 S ORANGE AVE  
City-St-Zip: ORLANDO, FL 32801

Title: SD ( ) Delete  
Name: RIZZO, ELIZABETH  
Address: 450 S ORANGE AVENUE  
City-St-Zip: ORLANDO, FL 32801

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: LINDER, ROBERT  
Address: 801 N MAGNOLIA AVE #101  
City-St-Zip: ORLANDO, FL 32803

Title: VPD (X) Change ( ) Addition  
Name: MAGUIRE, RAYMON III  
Address: 450 S ORANGE AVE #500  
City-St-Zip: ORLANDO, FL 32801

Title: SD (X) Change ( ) Addition  
Name: RIZZO, ELIZABETH  
Address: 450 S ORANGE AVENUE #500  
City-St-Zip: ORLANDO, FL 32801

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT LINDER

TD

01/16/2009

Electronic Signature of Signing Officer or Director

Date