2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 09, 2005 8:00 am Secretary of State

POST OFFICE BOX 8206 CLEARMATER, FL 34618 US 2. Principal Place of Business Suite. Apr 4. ofc Suite. Apr 4. ofc City & State City & State City & State Country 2. December For Sept-2466122 December For	DOCUMENT # 739894 1. Entity Name KIWANIS CLUB OF GREATER CLEARWATER FOUNDATION, INC. Principal Place of Business Mailing Address						05-09-20	05 9028	3 037 ****61	.25		
Suite, Apr. #, etc.	POST OFFICE	BOX 8206	POST OFFICE BOX 8206				1 2151 15 77 1	-	BIRM BIBH BIRI QIRII VI	h/// ** 		
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City & State City & State Desired	z. Principai P	lace of Business	3. Mailing Address	failing Address				### ##################################	BIDN GYBII BNBIL BNBIL BN	1 1		
Specification of Status Desired Spec	Suite, Apt. #, etc.		Suite, Apt. #, etc.			01132005	Chg-NP	C	R2E037 (10/03)			
S. Name and Address of Current Registered Agent 7. Name and Address of Now Registered Agent 7. Name and Address of Now Registered Agent 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent. SIGNATURE STEEL ADDRESS STEEL ADDRESS	City & State		City & State						<u> </u>			
Name Adam J. Plutchok	Zíp	Country	Zip	Country		5. Certificate	of Status Des	ired [
Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current	Registered Agent			7. Name and	Address of I	vew Regis	tered Agent			
Sircet Address (P.O. Box Number is No. Acceptable) Street Address (P.O. Box Number is No. Acceptable) 2	GRAHAM	JR J		Name	Ada	m J.	Plute	chok				
8. The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with and accept the obligators of registered agent. SIGNATURE	1336 HIGH	IFIELD DR		Street A								
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 Add	CLEARWA	ATER, FL 34624		2	1/.1.	Moder	31511	D _C	<u></u>			
S. The above named endly submits his statement for the purpose of changing its registered algent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Add				City { } Zip Code,								
SIGNATURE Add an			r the purpose of changing its re	egistered office o	r register			of Florida				
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19. Thereby certify that the information expolled with this filling does not qualify for the exemption stated in Section 119 07/3\(\frac{1}{2}\)). Florida Statutes, I further certify that the information	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Filing Fee Is \$61.25 Due by May 1, 2005 OFFICERS AND DIE S KICH, JEFFREY A 1429 SANDLEWOOD DR DUNEDIN, FL 346984123 D MAGEE, STACY D 5067 LAKE VALENCIA BLVD EA PALM HARBOR, FL 34684 D SCHOENIG, WALTER F 2428 FAIRBANKS DR CLEARWATER, FL 337642812 D WILLIAMS, DR NAOMI B 1300 RIDGE AVE. CLEARWATER, FL 33755 T BARNETT, WILLIAM G III 1618 KILWINNING CT PALM HARBOR, FL 34684 P PLUTCHOK, ADAM J	9. Election Camp Trust Fund Consecutive Mapplicable. (NOTE: 9. Election Camp Trust Fund Consecutive Mapple	Registered Agent signal particular contribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ture required	\$5.00 May Bo Added to Fees	NGES TO O	Make Florida FFICERS A	Department of S ND DIRECTORS II Change Change	Addition Addition Addition		

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 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:		Plutchoh		Plutehox		
	SIGNATURE AND TYPI	ED OR PRINTED NAME OF SIGNING OFF	Date	Daytime Phone #		