
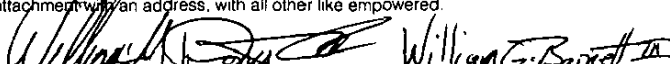


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90007 032 ****61.25

DOCUMENT # 739894					
1. Entity Name KIWANIS CLUB OF GREATER CLEARWATER FOUNDATION, INC.					
Principal Place of Business POST OFFICE BOX 8206 CLEARWATER, FL 34618 US			Mailing Address POST OFFICE BOX 8206 CLEARWATER, FL 34618 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2466122	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BARNETT, WILLIAM G III 1618 KILWINNING CT PALM HARBOR, FL 34684			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRIST, CHARLES		NAME		
STREET ADDRESS	2361 JAMAICAN ST #11		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33763		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLDUC, ARTHUR M		NAME	Walter R. Boykin	
STREET ADDRESS	1590 CHATEAU DE VILLE CT		STREET ADDRESS	1913 Kings Hwy	
CITY-ST-ZIP	CLEARWATER, FL 33764		CITY-ST-ZIP	Clearwater, FL 33755-1528	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHOENIG, WALTER F		NAME		
STREET ADDRESS	2428 FAIRBANKS DR		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 337642812		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, DR NAOMI B		NAME		
STREET ADDRESS	1300 RIDGE AVE.		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33755		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNETT, WILLIAM G III		NAME		
STREET ADDRESS	1618 KILWINNING CT		STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR, FL 34684		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLUTCHOK, ADAM J		NAME		
STREET ADDRESS	2853 SUNSET PT. RD		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33759		CITY-ST-ZIP		
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: 			Date: 3/12/2008		Daytime Phone #: 727-781-1553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

40047618



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