2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

POST OFFICE BOX 8206

CLEARWATER FL 34618

3. Mailing Address

City & State

Suite, Apt. #, etc.

DOCUMENT # 739894

1. Entity Name

Principal Place of Business

2. Principal Place of Business

POST OFFICE BOX 8206

CLEARWATER FL 34618

Suite, Apt. #, etc.

City & State

KIWANIS CLUB OF GREATER CLEARWATER FOUNDATION, I



FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90143 009 ****61.25

10098792

CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2466122

Applied For Not Applicable

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

7. Name and Address of New Registered Agent

O. Box Number is Not Acceptable)

						I INC	ot Applicable	
Zip	Country	Zip	Country	5. Certificate of Stat		\$8.75 Add		
<u>. </u>	6. Name and Address of Current	Registered Agent		7. Name and Addre	ess of New Registered A	gent		
- ·	•		Name					
GRAHAM.	, JR. United the control of the cont		Street Address	Street Address (P.O. Box Number is Not Acceptable)				
1336 HIGHFIELD DR			000171001000					
CLEARW	ATER FL 34624							
			City			Zip Code	e — — —	
ķ.			CityFL Zip Code					
	named entity submits this statement fo tions of registered agent.	r the purpose of changing	ts registered office or registe	ered agent, or both, in th	e State of Florida. I am fa	ımiliar with,	and accept	
:	Signature, typed or printed name of registered agent	and title if applicable. (N	OTE: Registered Agent signature require	ed when reinstating)	DATE		l	
ı	FILE NOW: FEE IS \$61.25		ampaign Financing	7 + 7		heck Payable to		
		Trust Fund	Contribution.	Added to Fees	Florida Departi	ment of S	State	
10.	OFFICERS AND DIE	RECTORS	11.	ADDITIONS/CHANGES	S TO OFFICERS AND DIR	ECTORS IN	10	
TITLE	P	Delete	TITLE 50	ADDITIONS/CHANGES	3 TO GI-FICENS AND DIN	Change	Addition	
NAME	LORENZ, JERRY	Delete.		Frank A. Kor	b.	L Change	A	
STREET ADDRESS	1150 EIGHT AVE SW		STREET ADDRESS	Trey A. Kaz 29 Jandlewa	ADr.			
CITY-ST-ZIP	LARGO FL 33770		CITY-ST-ZIP	nedin, Fl. 31	1698-4123			
TITLE	D	□ Delete	TITLE	MEGNI 1 11 O	10 10 1122	☐ Change	Addition	
NAME	GRAHAM, JOHN		NAME					
STREET ADDRESS	2111 DREW STREET		STREET ADDRESS					
CITY-ST-ZIP	CLEARWATER FL 33765		CITY-ST-ZIP					
TITLE	D	▼ Delete	TITLE DY	ector ,	eniq Ks ODr 1. 33764-28	☐ Change	Addition	
NAME	LAMBERT, DICK	. • •	NAME WG	Hor R Scho	æniq.	•	,	
STREET ADDRESS	20 45 CORONET L ANE		STREET ADDRESS 24	28 Fair bar	Ks ODr			
CITY-ST-ZIP	CLEARWATER FL 34624		CITY-ST-ZIP	parwater F	1, 33764-28	3/2		
TITLE	D	☐ Delete	TITLE	· · · · · · · · · · · · · · · · · · ·		Change	☐ Addition	
NAME	WILLIAMS, DR NAOMI B		NAME					
STREET ADDRESS	1300 RIDGE AVE.		STREET ADDRESS					
CITY-ST-ZIP	CLEARWATER FL 33755		CITY-ST-ZIP					
TITLE	1	Delete	TITLE			Change	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 NAME	P PLUTCHOK, ADAM J	☐ Delete	TITLE			☐ Change	Addition	
	2853 SUNSET PT. RD		NAME STREET ADDRESS					
CITY-ST-ZIP	CLEARWATER FL 33759		CITY-ST-ZIP					
	<u> </u>	this filing does not excelled		Continue 110 07(0)(i) Fig. 1	do Ctotuton I finalizar	f sh		
indicated	certify that the information supplied with on this report or supplemental report is	true and accurate and that	t my signature shall have the	e same legal effect as if r	ua statutes. I further certi made under oath; that I ar	iy that the in n an officer	or director	

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:

White A Sin E William

Bornel It

03 727-7

<u>d/-78-/S</u>

CR2E037 (10/