
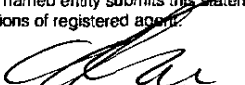
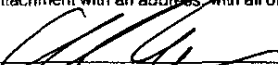


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90069 032 \*\*\*\*61.25

<b>DOCUMENT # 743630</b>					
1. Entity Name <b>KIWANIS CLUB OF CARROLLWOOD, INC.</b>					
Principal Place of Business P O BOX 270854 PO BOX 270854 TAMPA, FL 33625-5611 US			Mailing Address P O BOX 270854 PO BOX 270854 TAMPA, FL 33625-5611 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-1880886</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GORDON NANCY 3702 WEST BEARSS TAMPA, FL 33618			Name <b>EDWARD ANDERSON</b> Street Address (P.O. Box Number is Not Acceptable) <b>25408 TRADEWINDS DR.</b> City <b>LAND O' LAKE</b> FL Zip Code <b>34639</b>		
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 		SECRETARY <b>EDWARD ANDERSON</b>		DATE <b>3-14-04</b>	
Filing Fee is \$61.25 Due by May 1, 2004		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	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ANDERSON, ED		NAME		
STREET ADDRESS	25408 TRADEWINDS DR		STREET ADDRESS		
CITY-ST-ZIP	LAND O LAKES, FL 34639		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GORDON, NANCY		NAME		
STREET ADDRESS	3702 WEST BEARSS		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33618		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEGENRE, PERCY		NAME		
STREET ADDRESS	4809-A- EHRlich ROAD		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33624		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ROLAND YOUNG		NAME	ROLAND YOUNG	
STREET ADDRESS	24249 SILK BAY CT		STREET ADDRESS	24249 SILK BAY CT	
CITY-ST-ZIP	LUTZ, FL		CITY-ST-ZIP	LUTZ, FL 33559	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 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: 		SECRETARY		Date <b>4/14/04</b> 813-266-0351	
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	