


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 29, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # 743630**  
1. Entity Name  
**KIWANIS CLUB OF CARROLLWOOD, INC.**



Principal Place of Business <b>P O BOX 270854 PO BOX 270854 TAMPA, FL 33625-5611 US</b>	Mailing Address <b>P O BOX 270854 PO BOX 270854 TAMPA, FL 33625-5611 US</b>
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03252007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**  
**ANDERSON, EDWARD  
25408 TRADEWINDS DR.  
LAND O LAKES, FL 34639**

**DO NOT WRITE IN THIS SPACE**

**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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

**9.** Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ANDERSON, ED 25408 TRADEWINDS DR LAND O LAKES, FL 34639</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LEGENDRE, PERCY 4809-A- EHRlich ROAD TAMPA, FL 33624</b>
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U00000682940  
04/05/07-80023-014 61.25

**DO NOT WRITE IN THIS SPACE**

**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:**  **EDWARD ANDERSON**, SECRETARY/DIRECTOR **3/24/07** 78-807-9825  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #