

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90373 020 ****61.25

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



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

40085907



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04102008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1880886	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

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

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8. If a 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 qualifications of registered agent.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$81.25
Due by May 1, 2008

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	D ANDERSON, ED 25408 TRADEWINDS DR LAND O LAKES, FL 34639
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEGENDRE, PERCY 4809-A- EHRlich ROAD TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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, SECT. 4-11-08 813-907-9825
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #