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Secretary of State
01-20-2004 90052 041 ****61.25

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

44002860

DOCUMENT # 746330

1. Entity Name
KIWANIS CLUB OF HOMOSASSA SPRINGS, INC.

Principal Place of Business	Mailing Address
SOUTHERN WOODS C.C 1501 CORKWOOD BLVD. HOMOSASSA SPRINGS, FL 34446 US	P O BOX 1310 HOMOSASSA SPRINGS, FL 34447-1310 US

01072004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
COLONEL FROG'S BARBEQUE	
Suite, Apt. #, etc. 3171 STONEBROOK DRIVE	Suite, Apt. #, etc.
City & State HOMOSASSA,FL 34448 US	City & State
Zip / Country	Zip / Country

4. FEI Number 36-1327510 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LANGGUTH, GEORGE F 5545 BENCHMARK LN SANFORD, FL 32773	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D HERBERT, JHERGER 38 SWEET GUM STREET HOMOSASSA, FL 34446	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D RALPH SIEGEL 57 LINDER DRIVE HOMOSASSA, FL 34446	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD RALPH, SIEGEL 57 LINDER DRIVE HOMOSASSA, FL 34446	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D LARRY RAYMOND 8 DOUGLAS CT. S HOMOSASSA, FL 34446	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRAHAM, JACK 10 BEECH CT. HOMOSASSA, FL 34446	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/D CRAIG O'DELL 12 SHUMARD CT. N HOMOSASSA, FL 34446	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD VERGE, ERNIE 13 MORNING GLORY CT HOMOSASSA, FL 34446	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BARGESKI, ALEXANDER 6 COLUMBIA CT. HOMOSASSA, FL 34446	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KRACHT, EARLE 24 SWEETGUM CT HOMOSASSA, FL 34446	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Alexander J. Bargeski ALEXANDER J. BARGESKI 01/15/04 352-382-5363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Original Signature