

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746330

FILED
Jan 18, 2007
Secretary of State

Entity Name: KIWANIS CLUB OF HOMOSASSA SPRINGS, INC.

Current Principal Place of Business:

BELLA OASIS
4076 S. SUNCOAST BLVD.
HOMOSASSA SPRINGS, FL 34446 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 1310
HOMOSASSA SPRINGS, FL 34447 US

New Mailing Address:

FEI Number: 36-1327510

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANGGUTH, GEORGE F
5545 BENCHMARK LN.
SANFORD, FL 32773 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JOERGER, HERBERT
Address: 36 SWEETGUM STREET
City-St-Zip: HOMOSASSA, FL 34446 US

Title: D () Delete
Name: GRAHAM, JACK
Address: 10 BLUE BEECH COURT
City-St-Zip: HOMOSASSA, FL 34446 US

Title: D () Delete
Name: MACKEY, JESSE
Address: 4 WOODLEE COURT NORTH
City-St-Zip: HOMOSASSA, FL 34446 US

Title: S/D () Delete
Name: RAYMOND, LARRY
Address: 8 DOUGLAS CT. S.
City-St-Zip: HOMOSASSA, FL 34446 US

Title: T/D () Delete
Name: BARGESKI, ALEXANDER
Address: 6 COLUBRINA CT.
City-St-Zip: HOMOSASSA, FL 34446 US

Title: P/D () Delete
Name: WHITTAKER, MARK
Address: 8288 WEST BARRY COURT
City-St-Zip: HOMOSASSA, FL 34446 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PE/D (X) Change () Addition
Name: WHITTAKER, IRIS
Address: 8288 WEST BARRY COURT
City-St-Zip: HOMOSASSA, FL 34446 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEXANDER J. BARGESKI

T/D

01/18/2007

Electronic Signature of Signing Officer or Director

Date