


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90032 009 ****70.00

DOCUMENT # 746330	
1. Entity Name KIWANIS CLUB OF HOMOSASSA SPRINGS, INC.	

Principal Place of Business BELLA OASIS 4076 S. SUNCOAST BLVD. HOMOSASSA SPRINGS, FL 34446 US	Mailing Address P O BOX 1310 HOMOSASSA SPRINGS, FL 34447 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40018900



01182008 Chg-NP CR2E037 (12/06)

4. FEI Number 36-1327510		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent LANGGUTH, GEORGE F 5545 BENCHMARK LN. SANFORD, FL 32773		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2008**

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 JOERGER, HERBERT 36 SWEETGUM STREET HOMOSASSA, FL 34446 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition SEE ATTACHMENTS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAHAM, JACK 10 BLUE BEECH COURT HOMOSASSA, FL 34446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACKEY, JESSE 4 WOODLEE COURT NORTH HOMOSASSA, FL 34446 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D RAYMOND, LARRY 8 DOUGLAS CT. S. HOMOSASSA, FL 34446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D BARGESKI, ALEXANDER 6 COLUBRINA CT. HOMOSASSA, FL 34446 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE/D WHITTAKER, IRIS 8288 WEST BARRY COURT HOMOSASSA, FL 34446 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *James F. Harris* **JAMES F. HARRIS** **1-18-08 352-382-1470**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

400/8906
746330

KIWANIS CLUB OF HOMOSASSA SPRINGS OFFICERS AND DIRECTORS

PRESIDENT: WHITTAKER, IRIS
8288 WEST BARRY COURT
HOMOSASSA, FL 34446

PRESIDENT-ELECT: JOERGER, HERBERT
36 SWEETGUM COURT
HOMOSASSA, FL 34446

VICE PRESIDENT: STRIEGL, HENRY
11781 W. FISHERMAN LANE
HOMOSASSA, FL 34448

SECRETARY: RAYMOND, LARRY
8 DOUGLAS COURT
HOMOSASSA, FL 34446

TREASURER: HARRIS, JAMES
10 ENCLAVE POINT SOUTH
HOMOSASSA, FL 34446

DIRECTOR: EICHMAN, HAROLD
3660 N. LAURELWOOD LOOP
BEVERLY HILLS, FL 34465

DIRECTOR: KIRCHER, JOHN
1 BYRSONIMA CIRCLE
HOMOSASSA, FL 34446

DIRECTOR: WADE, CHARLES
8 MIMOSA COURT EAST
HOMOSASSA, FL 34446

DIRECTOR: GRAHAM, JACK
10 BLUE BEECH COURT
HOMOSASSA, FL 34446

DIRECTOR: WHITTAKER, MARK
8288 WEST BARRY COURT
HOMOSASSA, FL 34446

ATTACHMENT

40018906

746330
DIRECTOR:

SIEGEL, RALPH
57 LINDER DRIVE
HOMOSASSA, FL 34446

DIRECTOR:

O'DELL, CRAIG
12 SHUMARD COURT NORTH
HOMOSASSA, FL 34446