


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # 747165 1. Entity Name KIWANIS CLUB OF SEMINOLE SUNRISE, SANFORD, FLORIDA, INC.	
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Principal Place of Business 114 N. PARK AVE. SANFORD, FL 32771-1240	Mailing Address 114 N. PARK AVE. SANFORD, FL 32771-1240
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01032005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-6569174	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 MCKIBBIN, BRUCE 114 N. PARK AVE. SANFORD, FL 32771-1240
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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, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	BOWLIN, HENRY
STREET ADDRESS	608 OAK AVENUE
CITY-ST-ZIP	SANFORD, FL 327711830
TITLE	D
NAME	POSEY, JERRY M.
STREET ADDRESS	122 LINDA LN.
CITY-ST-ZIP	LAKE MARY, FL
TITLE	SD
NAME	SENKARIK, ED
STREET ADDRESS	104 SUNSET DR
CITY-ST-ZIP	SANFORD, FL 327734743
TITLE	TD
NAME	MCKIBBIN, BRUCE
STREET ADDRESS	114 N. PARK AVE.
CITY-ST-ZIP	SANFORD, FL 327711240
TITLE	D
NAME	MCDANIEL, TONY
STREET ADDRESS	1363 N DELAWARE ST
CITY-ST-ZIP	SANFORD, FL 327719040
TITLE	D
NAME	DAWSON, JIM
STREET ADDRESS	128 OAK VIEW ROAD
CITY-ST-ZIP	SANFORD, FL 32773

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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:  **Bruce McKibbin, Treasurer.** 1/26/05 407-322-0331