

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2008 8:00 am**  
**Secretary of State**

02-01-2008 90020 029 \*\*\*\*61.25

**DOCUMENT # 747165**

1. Entity Name  
KIWANIS CLUB OF SEMINOLE SUNRISE, SANFORD,  
FLORIDA, INC.



Principal Place of Business  
114 N. PARK AVE.  
SANFORD, FL 32771-1240

Mailing Address  
114 N. PARK AVE.  
SANFORD, FL 32771-1240

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

01302008 Chg-NP CR2E037 (12/06)

4. FEI Number  
59-6569174

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

MCKIBBIN, BRUCE  
114 N. PARK AVE.  
SANFORD, FL 32771-1240

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE D ☐ Delete  
NAME BOWLIN, HENRY  
STREET ADDRESS 608 OAK AVENUE  
CITY-ST-ZIP SANFORD, FL 327711830

TITLE D ☐ Delete  
NAME POSEY, JERRY M.  
STREET ADDRESS 122 LINDA LN.  
CITY-ST-ZIP LAKE MARY, FL

TITLE SD ☐ Delete  
NAME SENKARIK, ED  
STREET ADDRESS 104 SUNSET DR  
CITY-ST-ZIP SANFORD, FL 327734743

TITLE TD ☐ Delete  
NAME MCKIBBIN, BRUCE  
STREET ADDRESS 114 N. PARK AVE.  
CITY-ST-ZIP SANFORD, FL 327711240

TITLE D ☐ Delete  
NAME HEVEY, LOU  
STREET ADDRESS 102 BRIGHTVIEW DR  
CITY-ST-ZIP LAKE MARY, FL 32746

TITLE P ☒ Delete  
NAME WELLS, BOBBY  
STREET ADDRESS 405 VIHLEN RD  
CITY-ST-ZIP SANFORD, FL 32771

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE President ☐ Change ☒ Addition  
NAME Eddie Wright  
STREET ADDRESS 710 Meadows Street  
CITY-ST-ZIP Sanford, FL 32773

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:

Bruce McKibbin

1/30/2008

407-322-0331

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #