

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90040 011 ****61.25

DOCUMENT # 761215
 1. Entity Name
THE KIWANIS CLUB OF SEMINOLE FOUNDATION, INC.




Principal Place of Business Mailing Address
P. O. BOX 3147 SEMINOLE FL 34642 US **P. O. BOX 3147 SEMINOLE FL 34642 US**

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E037 (10/04)
 4. FEI Number **59-2247833** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
STARMAN, LOUIS
6597 SAHARA DRIVE
LARGO FL 33777

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 **LOUIS STARMAN, TREASURER** DATE **1-30-05**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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	VD	<input checked="" type="checkbox"/> Delete
NAME	O'HOWELL, MARTHA	
STREET ADDRESS	9323-117TH STREET, NORTH	
CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE	TD	<input type="checkbox"/> Delete
NAME	STARMAN, LOUIS F	
STREET ADDRESS	6567 SAHACA DR]	
CITY-ST-ZIP	SEMINOLE FL 33777	
TITLE	P	<input type="checkbox"/> Delete
NAME	HEALEY JOHN	
STREET ADDRESS	9112 CHERRY TRACE N	
CITY-ST-ZIP	SEMINOLE FL 33770	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARR, TERRY	
STREET ADDRESS	13085 96TH AVENUE NORTH	
CITY-ST-ZIP	SEMINOLE FL 33774	
TITLE	D	<input type="checkbox"/> Delete
NAME	LASHBROOK, JAMES	
STREET ADDRESS	7654-135TH STREET NORTH	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BLOCK, CHARLES	
STREET ADDRESS	17383 KENNEDY DR	
CITY-ST-ZIP	NORTH REDINGTON BEACH FL 33708	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TRUSTEE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT MAUS	
STREET ADDRESS	9569 113TH ST	
CITY-ST-ZIP	LARGO, FL 33772	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TRUSTEE / V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EUGENE MOHONEY	
STREET ADDRESS	7886 LAKE VISTA DR	
CITY-ST-ZIP	SEMINOLE, FL 33772	

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: **LOUIS F. STARMAN** DATE: **1-30-05**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

727-97-2083