2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 01, 2006 8:00 am Secretary of State

DOCUMENT # 761215 1. Entity Name THE KIWANIS CLUB OF SEMINOLE FOUNDATION, INC.					03-01-2006 90008 007 ****61.25				
P. O. BOX 3147 P. O.		ing Address O. BOX 3147 MINOLE, FL 34642 US		;	40021520				
2. Principal Place of Business 3. Mail		Mailing Address	ling Address						
Suite, Apt. #, etc. Su		Suite, Apt. #, etc.	ite, Apt. #, etc.		02232006 Ch	g-NP	CR2E037 (11/05)		
City & State Cit		City & State	ty & State		4. FEI Number 59-2247833	 3	 	oplied For	
Zip	Country	Zlp	Country		5. Certificate of Sta	tus Desired		ditional	
	6. Name and Address of Current Regist	ered Agent			7. Name and Addr	ess of New R	·		
STARMAN, LOUIS 6597 SAHARA DRIVE LARGO, FL 33777				Name Street Address (P.O. Box Number is Not Acceptable)					
			City				FL Zip Cod	le	
	named entity submits this statement for the pions of registered agent. Signature, typed or printed name of registered agent and title i		igistered Agent signet	-		······································	DATE		
	Due by May 1, 2006		Trust Fund Contribution.		Added to Fees Florida Department of State				
110. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECTO T MAUS, ROBERT 9569 113TH ST LARGO, FL 33772	PRS Delide	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Be	ADDITIONS/CHANGE TH LANG 908 LOI MINIKI		RS AND DIRECTORS IN Change Y-C 566	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STARMAN, LOUIS F 6567 SAHACA DR] SEMINOLE, FL 33777	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP *~		-		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HEALEY JOHN 9112 CHERRY TRACE N SEMINOLE, FL 33770	☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP			<u> </u>	☐ Change	☐ Addition	
TITLE NAME Street address City-St-Zip	D CARR, TERRY 13085 96TH AVENUE NORTH SEMINOLE, FL 33774	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	·			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LASHBROOK, JAMES 7654-135TH STREET NORTH SEMINOLE, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. hereby c	VP MOHONEY, EUGENE 7886 LAKE VISTA DR SEMINOLE, FL 33772 certify that the information supplied with this file.	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP e.exemptions c	ontained	d in Chapter 119 Flori	fa Statutes 1	Change	Addition	

indicated on this report or supplemental report is true and accurate and that Try signature some 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 at other like empowered.

SIGNATURE:

SIGNATURE AND TYRED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-007

Davtime Phone #

2006 # 76/215 Pg a of 2 ATTACHMENT DON BIHING 13911 105 TH FERRONCE N SCMINOL, FL 33772 40021520

WILLIAM R MILLER 13108 LINDEN PLACE DR SIMINOLL, FL 33776

5401 BAYOU GRANDE BLUD NI 54. Rety FL 33703 CARMEN MARLOWIL