


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # 761215 1. Entity Name THE KIWANIS CLUB OF SEMINOLE FOUNDATION, INC.	
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Principal Place of Business P. O. BOX 3147 SEMINOLE, FL 34642 US	Mailing Address P. O. BOX 3147 SEMINOLE, FL 34642 US
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01122007 No Chg-NP CR2E037 (4/06)

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4. FEI Number 59-2247833	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STARMAN, LOUIS
6597 SAHARA DRIVE
LARGO, FL 33777

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LANGEBROKE, BETH 12908 LOIS AVE SEMINOLE, FL 33776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STARMAN, LOUIS F 6567 SAHACA DR I SEMINOLE, FL 33777
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HEALEY JOHN 9112 CHERRY TRACE N SEMINOLE, FL 33770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARR, TERRY 13085 96TH AVENUE NORTH SEMINOLE, FL 33774
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LASHBROOK, JAMES 7654-135TH STREET NORTH SEMINOLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOHONEY, EUGENE 7886 LAKE VISTA DR SEMINOLE, FL 33772

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1100000586597
01/16/07-80059-013 61.25

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 make 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 filers empowered.

SIGNATURE:  1-12-07 727-397-2083
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #