


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008 8:00 am
Secretary of State

01-09-2008 90013 023 ****61.25

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



Principal Place of Business
 P. O. BOX 3147
 SEMINOLE, FL 34642 US

Mailing Address
 P. O. BOX 3147
 SEMINOLE, FL 34642 US

DO NOT WRITE IN THIS SPACE



01032008 No Chg-NP CR2E037 (4/06)

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

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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 _____

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

Filing Fee is \$61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	S	S
NAME	LANGEBROKE, BETH	Patrick Marlowe
STREET ADDRESS	12908 LOIS AVE	5401 Bayou Grande
CITY-ST-ZIP	SEMINOLE, FL 33776	St. Petersburg, Fl 33702
TITLE	TD	
NAME	STARMAN, LOUIS F	
STREET ADDRESS	6567 SAHACA DR]	
CITY-ST-ZIP	SEMINOLE, FL 33777	
TITLE	D	
NAME	HEALEY JOHN	
STREET ADDRESS	9112 CHERRY TRACE N	
CITY-ST-ZIP	SEMINOLE, FL 33770	
TITLE	P	
NAME	CARR, TERRY	William R. Miller
STREET ADDRESS	13085 96TH AVENUE NORTH	13108 Linden Place Dr.
CITY-ST-ZIP	SEMINOLE, FL 33774	Seminole, Fl 33756
TITLE	D	
NAME	LACHBROOK, JAMES	Robert Wiggins
STREET ADDRESS	7654 135TH STREET NORTH	13799 Park Blvd
CITY-ST-ZIP	SEMINOLE, FL	Seminole, Fl 33776
TITLE	VP	
NAME	MOHONEY, EUGENE	
STREET ADDRESS	7886 LAKE VISTA DR	
CITY-ST-ZIP	SEMINOLE, FL 33772	

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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: Louis F. Starman Louis F. Starman 1-5-2008 727-397-2083

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #