

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761215

FILED
Jan 16, 2009
Secretary of State

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

Current Principal Place of Business:

P. O. BOX 3147
SEMINOLE, FL 34642 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 3147
SEMINOLE, FL 34642 US

New Mailing Address:

FEI Number: 59-2247833 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STARMAN, LOUIS
6597 SAHARA DRIVE
LARGO, FL 33777 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: MARLOWE, PATRICK
Address: 5401 BAYOU GRANDE
City-St-Zip: SAINT PETERSBURG, FL 33702

Title: TD () Delete
Name: STARMAN, LOUIS F
Address: 6567 SAHACA DR]
City-St-Zip: SEMINOLE, FL 33777

Title: D () Delete
Name: HEALEY JOHN,
Address: 9112 CHERRY TRACE N
City-St-Zip: SEMINOLE, FL 33770

Title: P () Delete
Name: MILLER, WILLIAM R
Address: 13108 LINDEN PL DR
City-St-Zip: CLEARWATER, FL 33756

Title: D () Delete
Name: WIGGINS, ROBERT
Address: 13799 PRK BLVD
City-St-Zip: SEMINOLE, FL 33776

Title: VP () Delete
Name: MOHONEY, EUGENE
Address: 7886 LAKE VISTA DR
City-St-Zip: SEMINOLE, FL 33772

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SEC. (X) Change () Addition
Name: CINDY BUCHANAN,
Address: 10271 129TH TERRAE N
City-St-Zip: SEMINOLE, FL 33773

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOUIS F. STARMAN

TD

01/16/2009

Electronic Signature of Signing Officer or Director

_____ Date