


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 15, 2007 8:00 am**  
**Secretary of State**

05-15-2007 90005 036 \*\*\*\*61.25

<b>DOCUMENT # 763668</b> 1. Entity Name <b>KIWANIS CLUB OF KISSIMMEE, INC.</b>					
Principal Place of Business <b>C/O MARGARET D MILLER P.O. BOX 421001 KISSIMMEE, FL 34742-1001 US</b>			Mailing Address <b>C/O MARGARET D MILLER P.O. BOX 421001 KISSIMMEE, FL 34742-1001 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		05102007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number <b>59-6153278</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>JOHNSON, MARK L 1850 KINGS COURT KISSIMMEE, FL 34741</b>			7. Name and Address of New Registered Agent Name <b>Margaret D. Miller</b> Street Address (P.O. Box Number is Not Acceptable) <b>337 Florida Ave.</b> City <b>St. Cloud</b> <b>FL</b> Zip Code <b>34769</b>		
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 _____					
<b>Filing Fee is \$61.25 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JOHNSON, MARK</b> <b>1850 KINGS CT</b> <b>KISSIMMEE, FL 34744</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Brian M. Mark</b> <b>8720 Summerville Pl.</b> <b>Orlando, FL 32819</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>SCARBOROUGH, PAT</b> <b>1561 HEATHER WAY</b> <b>KISSIMMEE, FL 34744</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>BURNS, JAMES W</b> <b>512 WHEATSTONE PLACE</b> <b>ORLANDO, FL 328354448</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D.</b> <b>Moynese Brinson</b> <b>1375 Fair Oaks Ave.</b> <b>Kissimmee, FL 34744</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>KILROY, ED</b> <b>1350 LAKEVIEW AVE</b> <b>KISSIMMEE, FL 34744</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>COOL, WILLIAM</b> <b>2421 SABLE DRIVE</b> <b>KISSIMMEE, FL 34744</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V.P.</b> <b>Randy Winsen</b> <b>3423 Wilderness Rd</b> <b>Kissimmee, FL 34746</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>MCCURDY, PATRICIA J</b> <b>1520 CRESTRIDGE DRIVE</b> <b>KISSIMMEE, FL 34746</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Larry Dykes</b> <b>2313 Erlo Dr.</b> <b>Kissimmee FL 34741</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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.					
<b>SIGNATURE: Margaret D. Miller</b>			<b>5/10/07</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		