2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2006
Secretary of State

DOCUMENT# N00000001682

Entity Name: KIWANIS CLUB OF WINTER HAVEN FOUNDATION, INC.

Current Principal Place of Business:

1519 OAK VIEW CIR. SE
WINTER HAVEN, FL 33880

New Principal Place of Business:

Current Mailing Address:

1519 OAK VIEW CIR. SE
WINTER HAVEN, FL 33880

New Mailing Address:

FEI Number: 59-3614388 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOOSIER, BETTY G
1519 OAK VIEW CIR. SE
WINTER HAVEN, FL 33880 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: DP ( ) Delete
Name: MERCER, TRACY
Address: 3558 HARBOR CIR. NW
City-St-Zip: WINTER HAVEN, FL 33881

Title: D (X) Delete
Name: PUTNEY, BETTY
Address: 903 14TH ST NE
City-St-Zip: WINTER HAVEN, FL 33881

Title: SD ( ) Delete
Name: HOOSIER, BETTIE G
Address: 1519 OAK VIEW CIR. SE
City-St-Zip: WINTER HAVEN, FL 33880

Title: TD ( ) Delete
Name: SCHROEDER, JOE
Address: 16 BRIDGEWATER
City-St-Zip: WINTER HAVEN, FL 33880

Title: D (X) Delete
Name: RISHER, JOHN
Address: 1525 17TH ST. NW
City-St-Zip: WINTER HAVEN, FL 33881

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: THOMPSON, MARK
Address: 5404 SOUTH FLORIDA AVE.
City-St-Zip: LAKELAND, FL 33813

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

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 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: BETTIE HOOSIER D 01/24/2006

Electronic Signature of Signing Officer or Director — Date