

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90024 017 ****61.25

DOCUMENT # N00000001682					
1. Entity Name KIWANIS CLUB OF WINTER HAVEN FOUNDATION, INC.					
Principal Place of Business 1519 OAK VIEW CIR. SE WINTER HAVEN, FL 33880			Mailing Address 1519 OAK VIEW CIR. SE WINTER HAVEN, FL 33880		
2. Principal Place of Business - No P.O. Box # <i>DR</i> 3. Mailing Address 16 BRIDGEWATER DR 16 BRIDGEWATER DR					
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State WINTER HAVEN, FL			City & State WINTER HAVEN FL		
Zip 33884		Country POLK		Zip 33884	
Country POLK		4. FEI Number 59-3614388			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOOSIER, BETTY G 1519 OAK VIEW CIR. SE WINTER HAVEN, FL 33880			7. Name and Address of New Registered Agent Name: SCHROEDER B. JOE Street Address (P.O. Box Number is Not Acceptable): 16 BRIDGEWATER DR. City: WINTER HAVEN FL Zip Code: 33884		
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 <i>B Joe Schroeder</i> B JOE SCHROEDER 3-1-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORACO, SUZANNE 229 NORTH LAKE HARTRIDGE DR. WINTER HAVEN, FL 33881	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ADAMS, LES 4229 THOMAS WOOD LAKE WINTER HAVEN FL 33880	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOOSIER, BETTIE G 1519 OAK VIEW CIR. SE WINTER HAVEN, FL 33880	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CASEY, KELLY 42 LAKE LINK CIRCLE SE WINTER HAVEN FL 33884	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHROEDER, JOE 16 BRIDGEWATER WINTER HAVEN, FL 33880	<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	<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	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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.					
SIGNATURE: <i>B Joe Schroeder</i> B JOE SCHROEDER 3-1-08 863-324-1477 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					