

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90057 044 ****70.00

DOCUMENT # N02000004672					
1. Entity Name KIWANIS CLUB OF OVIDEO-WINTER SPRINGS FOUNDATION, INC.					
Principal Place of Business 890 NORTHERN WAY SUITE A-1 WINTER SPRINGS, FL 32708-3880			Mailing Address PO BOX 196983 WINTER SPRINGS, FL 32719-6983		
2. Principal Place of Business 985 OAK DR			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Ovideo FL			City & State		
Zip 32765		Country		4. FEI Number 01-0724300	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BARNOCKY, JOHN A SR. 890 NORTHERN WAY SUITE A-1 WINTER SPRINGS, FL 32708-3880			7. Name and Address of New Registered Agent Name: <u>BARNOCKY JOHN A SR.</u> Street Address (P.O. Box Number is Not Acceptable): <u>985 OAK DR</u> City: <u>Ovideo</u> FL Zip Code: <u>32765</u>		
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: <u>John A Barnocky</u> DATE: <u>3/21/2005</u> <small>(Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing <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	S DAVIS, JAY B 4477 GABRIELLA LN WINTER PARK, FL 32732	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDONALD, KATHY 653 VALLEY STREAM DR GENEVA, FL 32732	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARINER, ROBERT 1000 PINEHURST CT. OVIEDO, FL 32765	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BARNOCKY, JOHN A 749 ANDOVER CIR. WINTER SPRINGS, FL 32708	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARNOCKY JOHN A SR. 985 OAK DR Ovideo FL 32765	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Donsal Leitch 1030 Manisaw Ave Ovideo FL 32765	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>John A Barnocky President</u> <u>3/21/05</u> <u>407-359-5039</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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