

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90228 039 ****70.00

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01112006 Chg-NP CR2E037 (11/05)

DOCUMENT # N02000004672 1. Entity Name KIWANIS CLUB OF OVIDEO-WINTER SPRINGS FOUNDATION, INC.					
Principal Place of Business 985 OAK DR OVIEDO, FL 32765			Mailing Address PO BOX 196983 WINTER SPRINGS, FL 32719-6983		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 01-0724300	
Zip		Country		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. 985 OAK DR OVIEDO, FL 32765				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <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, 2006		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					
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
NAME	DAVIS, JAY B		NAME	KATHY McDONALD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	4477 GABRIELLA LN		STREET ADDRESS	653 VALLEY STREAM DR.	
CITY - ST - ZIP	WINTER PARK, FL 32732		CITY - ST - ZIP	GENEVA FL 32732	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	JAY B DAVIS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MCDONALD, KATHY		NAME	4477 GABRIELLA LN	
STREET ADDRESS	653 VALLEY STREAM DR		STREET ADDRESS	WINTER PARK FL 32792	
CITY - ST - ZIP	GENEVA, FL 32732		CITY - ST - ZIP	SCENE LEONARD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	145 NORTH SHORE CIR	
NAME	MARINER, ROBERT		NAME	CASSEL BERRY FL 32707	
STREET ADDRESS	1000 PINEHURST CT.		STREET ADDRESS	DOUGALD LEITCH <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
CITY - ST - ZIP	OVIEDO, FL 32765		CITY - ST - ZIP	3030 MANISON AVE	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	OVIEDO FL 32765	
NAME	BARNOCKY, JOHN A SR		NAME	JOHN A BARNOCKY SR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	985 OAK DR		STREET ADDRESS	985 OAK DR	
CITY - ST - ZIP	OVIEDO, FL 32765		CITY - ST - ZIP	OVIEDO FL 32765	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEITCH, DOUSALD		NAME		
STREET ADDRESS	7030 MANISON AVE		STREET ADDRESS		
CITY - ST - ZIP	OVIEDO, FL 32765		CITY - ST - ZIP		
TITLE		<input checked="" type="checkbox"/> Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: Kathy McDonald 1/12/06 407-349-0757					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					