2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State
01-29-2007 90068 009 ****70.00

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1. Entity Name
KIWANIS CLUB OF OVIDEO-WINTER SPRINGS FOUNDATION, INC.

Principal Place of Business	Mailing Address
985 OAK DR OVIEDO, FL 32765	PO BOX 196983 WINTER SPRINGS, FL 32719-6983

01072007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1030 Manigan Ave	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Oviedo, FL	City & State
Zip: 32765 Country: USA	Zip Country

4. FEI Number 01-0724300 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BARNOCKY, JOHN A SR. 985 OAK DR OVIEDO, FL 32765	Name: Katherin Leitch Street Address (P.O. Box Number is Not Acceptable): 1030 Manigan Ave City: Oviedo FL Zip Code: 32765

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: Katherin Leitch Katherin Leitch Secretary/Treasurer 1/26/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee Is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	T DAVIS, JAY B 4477 GABRIELLA LN WINTER PARK, FL 32792	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MCDONALD, KATHY 653 VALLEY STREAM DR GENEVA, FL 32732	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T Katherin Leitch 1030 Manigan Ave Oviedo, FL 32765	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LEONARD, GENE 145 NORTHSHORE CIR CASSELBERRY, FL 32707	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Terry Vargo 156 Geneva Drive Oviedo, FL 32765	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARNOCKY, JOHN A SR 985 OAK DR OVIEDO, FL 32765	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Scott Walsh 1885 Shadow Pine Ct Oviedo, FL 32766	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEITCH, DOUGALD 1030 MANIGAN AVE OVIEDO, FL 32765	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Fran Mullin P.O. Box 621057 Oviedo, FL 32762	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Katherin Leitch Katherin Leitch 1/26/07 407-463-2285
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #