2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # N02000004672 KIWANIS CLUB OF OVIDEO-WINTER SPRINGS

FILED Apr 14, 2008 8:00 am Secretary of State 04-14-2008 90064 016 ****70.00

FOUNDATION, INC.							7					
Principal Place of Business 1030 MANIGAN AVE OVIEDO, FL 32765			PO E	Mailing Address PO BOX 196983 WINTER SPRINGS, FL 32719-6983								
2. Principal P	lace of Busin	ess - No P.O. Box #	3. Ma	3. Mailing Address								
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Suite, Apt. #, etc.			Si	Suite, Apt. #, etc.			04092008	Chg-NP	CR2E0	37 (12/06)		
City & State		Ci	City & State			4. FEI Numb 01-072	per 24300		_ 	plied For t Applicable		
Zip		Country	Zi	p	Cour	ntry	5. Certificate	e of Status Desired	□ y ≰<	\$8.75 Add Fee Required		
	6. Name	and Address of Curre	nt Register	ed Agent			7. Name and	d Address of Nev	w Registered	Agent		
LEITCH, KATHERIN						Name						
1030 MANIGAN AVE OVIEDO, FL 32765				Stre			Address (P.O. Box Number is Not Acceptable)					
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		\$. -\$.				City			Fi	-		
	named entiti tions of regist	y submits this statement ered agent.	for the purp	oose of changing its re	gistere	d office or regist	tered agent, or bo	oth, in the State of	Florida. I am	familiar with,	and accept	
		,										
SIGNATURE Storature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
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ĺ	Filing Fee is \$61.25 Due by May 1, 2008							ı				
				9. Election Camp Trust Fund Co			\$5.00 May l Added to Fees	Be s F		k payable to rtment of St		
10.	Due by N		DIRECTORS	Trust Fund Co	ntributio	on. 🔲	Added to Fees	HANGES TO OFFI	iorida Depa	rtment of SI	10	
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	P DAVIS, JA	Aay 1, 2008 OFFICERS AND	DIRECTORS	Trust Fund Co	11. TITLE NAME	on. 🔲	Added to Fees	HANGES TO OFFI	iorida Depa	rtment of SI	10	
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12. I hereby certify that the information supplied with this filling 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 cath; 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.

With Hy Letel

4/9/08

407-463-2285