

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90064 016 ****70.00

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



Principal Place of Business
**1030 MANIGAN AVE
OVIDEO, FL 32765**

Mailing Address
**PO BOX 196983
WINTER SPRINGS, FL 32719-6983**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04092008

Chg-NP

CR2E037 (12/06)

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

**LEITCH, KATHERIN
1030 MANIGAN AVE
OVIDEO, FL 32765**

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

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, 2008**

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
**P
DAVIS, JAY B
4477 GABRIELLA LN
WINTER PARK, FL 32792** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**President
Gene Leonard
221 Odham Dr
Sanford, FL 32773** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**ST
LEITCH, KATHERIN
1030 MANIGAN AVE
OVIDEO, FL 32765** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Asst Secretary - Treasurer
John Barnack
985 Oak Drive
Ovideo, FL 32765** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
VARGO, TERRY
145 NORTSHORE CIR
OVIDEO, FL 32765** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Director
Kathleen McDonald
653 Valley Stream Drive
Geneva, FL 32732** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
WALSH, SCOTT
1885 SHADOW PINE CT
OVIDEO, FL 32768** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Director
Tina Lyon
120 Crown Colony Way
Sanford, FL 32771** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
LEITCH, DOUGALD
1030 MANIGAN AVE
OVIDEO, FL 32765** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Director
David Metz
2939 Spring Heather Place
Chuluota, FL 32746** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
MULLIN, FRAN
P.O. BOX 621057
OVIDEO, FL 32762** ☐ 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 *Kathleen McDonald*

4/9/08

407-463-2285