2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2009
Secretary of State

DOCUMENT# N02000004672

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

Current Principal Place of Business:

1030 MANIGAN AVE
OVIEDO, FL 32765

New Principal Place of Business:

985 OAK DR
OVIEDO, FL 32765

Current Mailing Address:

PO BOX 196983
WINTER SPRINGS, FL 327196983

New Mailing Address:

FEI Number: 01-0724300 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LEITCH, KATHERIN
1030 MANIGAN AVE
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

BARNOCKY, JOHN A SR.
985 OAK DR
OVIEDO, FL 32765 US

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.

SIGNATURE: JOHN A BARNOCKY SR 01/22/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LEONARD, GENE
Address: 221 ODHAM DR
City-St-Zip: SANFORD, FL 32773

Title: ST ( ) Delete
Name: LEITCH, KATHERIN
Address: 1030 MANIGAN AVE
City-St-Zip: OVIEDO, FL 32765

Title: D ( ) Delete
Name: MCDONALD, KATHLEEN
Address: 653 VALLEY STREET DRIVE
City-St-Zip: GENEVA, FL 33732

Title: D ( ) Delete
Name: WALSH, SCOTT
Address: 1885 SHADOW PINE CT
City-St-Zip: OVIEDO, FL 32766

Title: D ( ) Delete
Name: METZ, DAVID
Address: 2939 SPRING HEATHER PLACE
City-St-Zip: OVIEDO, FL 32766

Title: D ( ) Delete
Name: MULLIN, FRAN
Address: P.O. BOX 621057
City-St-Zip: OVIEDO, FL 32762

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: LEITCH, KATHERIN H
Address: 1030 MANIGAN AVE
City-St-Zip: OVIEDO, FL 32765

Title: ST (X) Change ( ) Addition
Name: BARNOCKY, JOHN A SR
Address: 985 OAK DR
City-St-Zip: OVIEDO, FL 32765

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: COLEMAN, DALE
Address: 400 ALEXANDRIA BLVD
City-St-Zip: OVIEDO, FL 32765

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN A BARNOCKY SR ST 01/22/2009
Electronic Signature of Signing Officer or Director Date