

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90069 018 ****61.25

DOCUMENT # N02000005647

1. Entity Name
**KIWANIS CLUB OF CORAL SPRINGS-PARKLAND
CHARITABLE FOUNDATION, INC.**



Principal Place of Business
**PO BOX 8145
CORAL SPRINGS, FL 33075**

Mailing Address
**PO BOX 8145
CORAL SPRINGS, FL 33075**

40099259



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04242007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
13-4219352

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**GOUZ, LOUIS
7522 WILES RD
SUITE 102
CORAL SPRINGS, FL 33067-2056**

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, 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 ☐ Delete
NAME **D**
STREET ADDRESS **DIEHL, WERNER**
CITY-ST-ZIP **11023 NW 2ND ST
CORAL SPRINGS, FL 33071**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **LIST, STEVEN**
CITY-ST-ZIP **11660 NW 56 DR., #401
CORAL SPRINGS, FL 33071**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **JAMIESON, MARY A**
CITY-ST-ZIP **9939 NW 19TH ST
CORAL SPRINGS, FL 33071**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **GOUZ, LOUIS**
CITY-ST-ZIP **7522 WILES RD STE 102
CORAL SPRINGS, FL 33067**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **T**
STREET ADDRESS **ALLEN, SCOTT**
CITY-ST-ZIP **4719 NW 120 DAIVE
CORAL SPRINGS, FL 33065**

TITLE ☒ Change ☐ Addition
NAME **T**
STREET ADDRESS **John Sommerer**
CITY-ST-ZIP **3300 University Dr. #225
Coral Springs, FL 33065**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MUELLER, RICHARD**
CITY-ST-ZIP **3324 NW 118 LN
CORAL SPRINGS, FL 33065**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.28.07