

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000008105

FILED  
Jan 12, 2008  
Secretary of State

**Entity Name:** THE KIWANIS CLUB OF THE GOLDEN TRIANGLE FOUNDATION, INCORPORATED

**Current Principal Place of Business:**

30745 ROUND LAKE ROAD  
MOUNT DORA, FL 32757

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 162  
MOUNT DORA, FL 32757

**New Mailing Address:**

PO BOX 162  
MOUNT DORA, FL 327570162

**FEI Number:** 11-3675502      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

COX, JERRY  
31333 ROUND LAKE ROAD  
MOUNT DORA, FL 32757      US

**Name and Address of New Registered Agent:**

ADRID, CATHY SECR  
4141 LAKE FOREST  
MOUNT DORA, FL 32757      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: CATHY ADRID

01/12/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: S      ( ) Delete  
Name: LAND, PATRICIA L  
Address: P.O. BOX 327  
City-St-Zip: TAVARES, FL 327780227

Title: D      ( ) Delete  
Name: WILSON, JACK R  
Address: PO BOX 772  
City-St-Zip: EUSTIS, FL 327260772

Title: D      ( ) Delete  
Name: SMITH, SCOTT  
Address: 2543 BROADVUE AVE  
City-St-Zip: EUSTIS, FL 327267626

Title: D      ( ) Delete  
Name: BAKER, CAREY  
Address: 406 FIREWOOD AVE.  
City-St-Zip: EUSTIS, FL 32726

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: CATHY ADRID

SECR

01/12/2008

Electronic Signature of Signing Officer or Director

Date