2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2009
Secretary of State

DOCUMENT# N02000008105

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:

2453 BROADVUE AVENUE
EUSTIS, FL 32726

Current Mailing Address:

PO BOX 162
MOUNT DORA, FL 327570162

New Mailing Address:

FEI Number: 11-3675502 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

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: T (X) Change ( ) Addition
Name: SMITH, SCOTT
Address: 2543 BROADVUE AVE
City-St-Zip: EUSTIS, FL 327267626

Title: D (X) Change ( ) Addition
Name: DAVIS, WILLIAM
Address: 1133 CAMP AVENUE
City-St-Zip: MT. DORA, FL 32757

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: H. SCOTT SMITH T 02/11/2009

Electronic Signature of Signing Officer or Director — Date