

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90062 042 ****61.25

DOCUMENT # N03010

1. Entity Name
KIWANIS CLUB OF UMATILLA, FLORIDA, INC.



Principal Place of Business
**537 NORTH UMATILLA BLVD.
UMATILLA, FL 32784**

Mailing Address
**537 NORTH UMATILLA BLVD.
UMATILLA, FL 32784**

40007283



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01072008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-6159094

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

**HARTMAN, ROBERT L.
537 NORTH UMATILLA BLVD.
UMATILLA, FL 32784**

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 **P** ☒ Delete
NAME **RAWLS, DAVID**
STREET ADDRESS **100 GUERRANT ST**
CITY-ST-ZIP **UMATILLA, FL 32784**

TITLE **PRES** ☒ Change ☐ Addition
NAME **JENNIFER HOLT**
STREET ADDRESS **6595 KYRKHAM CT**
CITY-ST-ZIP **SANFORD FL 32771**

TITLE **VP** ☒ Delete
NAME **SHOVERA, JENNIFER**
STREET ADDRESS **6595 KYRKHAM CT**
CITY-ST-ZIP **SANFORD, FL 32771**

TITLE **PRES-ELECT** ☐ Change ☒ Addition
NAME **BENITA DIXON**
STREET ADDRESS **11 CENTRAL AVE**
CITY-ST-ZIP **UMATILLA FL 32784**

TITLE **SD** ☒ Delete
NAME **ROSE, THOMAS**
STREET ADDRESS **41612 SILVER DR.**
CITY-ST-ZIP **UMATILLA, FL 32784**

TITLE **VP** ☒ Change ☐ Addition
NAME **ROBERT R JOHNSON**
STREET ADDRESS **14701 CR 450**
CITY-ST-ZIP **UMATILLA FL 32784**

TITLE **D** ☒ Delete
NAME **ROYAL, RICHARD**
STREET ADDRESS **39025 ROSE ST**
CITY-ST-ZIP **UMATILLA, FL 32784**

TITLE **SD** ☒ Change ☐ Addition
NAME **RUFUS A FREEMAN**
STREET ADDRESS **41437 SILVER DR**
CITY-ST-ZIP **UMATILLA FL 32784**

TITLE **D** ☒ Delete
NAME **JOHNSON, STEVE**
STREET ADDRESS **41237 SILVER DR.**
CITY-ST-ZIP **UMATILLA, FL 32784**

TITLE **TRES** ☒ Change ☐ Addition
NAME **GEOFFREY PRESSON**
STREET ADDRESS **41230 SILVER DR**
CITY-ST-ZIP **UMATILLA FL 32784**

TITLE **D** ☒ Delete
NAME **MARTIN, BENITA**
STREET ADDRESS **11 CENTRAL AVE**
CITY-ST-ZIP **UMATILLA, FL 32784**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **RICHARD LINT**
STREET ADDRESS **703 FLETCHER RD**
CITY-ST-ZIP **UMATILLA FL 32784**

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:

Jennifer Holt

JENNIFER HOLT

1/15/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #