2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000010603

THE KIWANIS CLUB OF UMATILLA FOUNDATION INC.



FILED

Apr 20, 2006 8:00 am Secretary of State

04-20-2006 90207 045 ****61.25

AUUSSIVE

Principal Place of Business 537 N UMATILLA BLVD. UMATILLA, FL 32784

UMATILLA, FL 32784

MILTON, WILLIAM

38314 ECHOLS RD

LEESBURG, FL 34788

HARTMAN, MARTHA C

537 N UMATILLA BLVD

UMATILLA, FL 32784

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME

TITLE

NAME

Mailing Address

537 N UMATILLA BLVD. UMATILLA, FL 32784

| 2. Principal P | lace of Business | 3. Mailing Address | | | | | | | |
|------------------------|---|---------------------|---|-----------------|---|-------------------------|-----------|---------------|---------------------------|
| Suite, Apt. #, etc. St | | Suite, Apt. #, etc. | uite, Apt. #, etc. | | 01162006 | Chg-NP CR2E | E037 (11/ | (05) | |
| City & State | | City & State | City & State | | 4. FEI Number 20-18602 | 39 | | - | plied For t Applicable |
| Zip | Country | Zip | Country | | 5. Certificate of Status Desired | | | | |
| | 6. Name and Address of Current | Registered Agent | · | | 7. Name and Address of New Registered Agent | | | | |
| | | • | Name | Name | | | | | |
| 537 N UM/ | I, MARTHA C ATILLA BLVD ., FL 32784 | | Street a | Address (I | P.O. Box Number is | s Not Acceptable) | | | |
| | | | City | | | F | Zip | p Code | |
| | Signature, typed or printed name of registered agen Filling Fee is \$61.25 Due by May 1, 2006 | 9. Election Ca | ote: Registered Agent signs ampaign Financing Contribution. | Store reduction | \$5.00 May Be Added to Fees | Make ch Florida Dej | eck paya | | |
| 10. | | | 11. | | ADDITIONS/CHANGES TO OFFICERS AND DI | | | RECTORS IN 10 | |
| TITLE | P | Delete | TITLE | | ident | 020 10 011 1021 101 111 | ☐ Ch | | Addition |
| NAME | MONROE, RONALD D | L ™ Delete | NAME | Pab | ert Curry | • | | ungo | P Addition |
| STREET ADDRESS | 39526 GOLDEN GEM DR | | STREET ADDRESS | 17.04 | Bly CH. | | | | |
| CITY-ST-ZIP | UMATILLA, FL 32784 | | CITY-ST-ZIP | | h's 7L 327 | 77./- | | | |
| | | | | | | | | | Addition |
| TITLE | T | Delete | TITLE | | asurer | ٠٠. علم ١٠. | ☐ Ct | iange | Accition |
| NAME | MABRY, DORIS | | NAME | May | Tha C | 7/artman | | | |
| STREET ADDRESS | 16102 WALLACE ST | | STREET ADDRESS | | N. Umatil | | | | |
| CITY-ST-ZIP | UMATILLA, FL 32784 | | CITY-ST-ZIP | | tilla,7L | 32784 | | | |
| TITLE | D | Delete | TITLE | VPI | | | Cr | range | Addition |
| HAME | MABRY, MICHAEL | | NAME | | d Rawls | | | | |
| STREET ADORESS | 16102 WALLACE ST | | STREET ADDRESS | | querrant. | | | | |
| CITY-ST-ZIP | UMATILLA, FL 32784 | • | CITY-ST-ZIP | | tilla 7L 3 | 2784 | | | |
| TITLE | D | ☑ Delete | TITLE | 5D | | | □ ci | nange | Addition |
| NAME | HARTMAN, ROBERT L | - 23.00 | NAME | Rose | , Thomas | | | | |
| STREET ADDRESS | 1 | | STREET ADDRESS | 4161 | z Silver | Dr | | | |

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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

TITLE

NAME

☑ Delete

☑ Delete

Umatila, 71 32784

matila 7L 32784

32784

Richard Royal 39025 Rose St

11 central Ave

Umatilla 7L

☐ Change

☐ Change

Addition

Addition

| SIGNATURE: Martha C. Hartman Martha C. Hartman | 4/18/06 | 352-669-5515 | |
|---|---------|-----------------|--|
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR TYPE STATE | Date | Daytima Phone # | |