

N07 00000 7459

VIA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

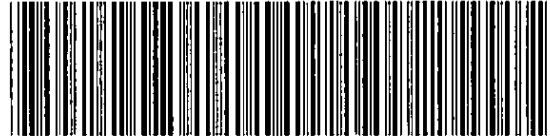
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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dunedin Kiwanis Foundation, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N07000007459

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joseph E Garrison

Name of Contact Person

Joseph E Garrison CPA PA

Firm/Company

Post Office Box 1221

Address

Dunedin FL 34697-1221

City/State and Zip Code

dunedincpa@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph E Garrison

Name of Contact Person

at ( 727 ) 535-2257

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Dunedin Kiwanis Foundation, Inc.
2. The principal office address: 416 Douglas Avenue  
Dunedin FL 34698-7602
3. The mailing address (if different): Post Office Box 1221 Dunedin FL 34697-1221
4. Date of incorporation/qualification: 07/30/2007 Document number: N07000007459
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Roman & Roman, PA

2274 SR 580

Clearwater FL 33763

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Joseph E Garrison C.P.A. P.A.,

416 Douglas Avenue

P.O. Box NOT acceptable

Dunedin FL 34698-7602

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Stephanie Bessette  
Signature of an officer or director

Stephanie Bessette

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Joseph E Garrison  
Signature of Registered Agent

9/10/2024  
Date

If signing on behalf of an entity:

Joseph E Garrison

Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (04/13)