

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000010297

**FILED**  
**Feb 09, 2010**  
**Secretary of State**

**Entity Name:** KIWANIS CLUB OF EUSTIS FOUNDATION, INC.

**Current Principal Place of Business:**

600 JENNINGS AVE  
EUSTIS, FL 32726

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1225  
EUSTIS, FL 327271600

**New Mailing Address:**

PO BOX 1225  
EUSTIS, FL 32727

**FEI Number:** 27-1391318

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCHROTH, DEREK A  
600 JENNINGS AVE  
EUSTIS, FL 32726 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: PD  
Name: SMITH, KAREN L  
Address: 426 E LEMON AVE  
City-St-Zip: EUSTIS, FL 32726

Title: VPD  
Name: MUENZMAY, KRESS  
Address: 3312 INDIAN TRAIL  
City-St-Zip: EUSTIS, FL 32726

Title: SD  
Name: AUSTIN, ROBIN  
Address: PO BOX 1225  
City-St-Zip: EUSTIS, FL 32727

Title: TD  
Name: PAULI, LAWRENCE W JR  
Address: PO BOX 1225  
City-St-Zip: EUSTIS, FL 32727

Title: D  
Name: SPILOTROS, OLIVIA  
Address: PO BOX 1225  
City-St-Zip: EUSTIS, FL 32727

Title: D  
Name: MOULDEN, BOB  
Address: PO BOX 1225  
City-St-Zip: EUSTIS, FL 32727

I hereby 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 all other like empowered.

SIGNATURE: LAWRENCE W. PAULI, JR.

TD

02/09/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date