

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 8:00 am
Secretary of State

01-19-2005 90006 033 ****61.25

DOCUMENT # N12474

1. Entity Name
KIWANIS CLUB OF DOWNTOWN BREAKFAST, INC.



Principal Place of Business
**434 FERNLEAF
SEBRING, FL 33870**

Mailing Address
**209 LONGVIEW RD.
SEBRING, FL 33870-1434 US**

50003606



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042005 Chg-NP CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SHINHOLSER, OLIN
430 SOUTH COMMERCE AVENUE
SEBRING, FL 33872**

7. Name and Address of New Registered Agent

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, 2005**

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

TITLE **PD** ☐ Delete
NAME **CUNDIFF, GLENN**
STREET ADDRESS **4819 MERCADO DR**
CITY-ST-ZIP **SEBRING, FL 33872**

TITLE **VD** ☐ Delete
NAME **SHINHOLSER, OLIN**
STREET ADDRESS **4501 SELAH ROAD**
CITY-ST-ZIP **SEBRING, FL 33875**

TITLE **D** ☐ Delete
NAME **KAISER, MARIA**
STREET ADDRESS **338 S. ORANGE ST.**
CITY-ST-ZIP **SEBRING, FL 33870**

TITLE **SD** ☐ Delete
NAME **NUGENT, JUDY**
STREET ADDRESS **2815 PAR ROAD**
CITY-ST-ZIP **SEBRING, FL 338721230**

TITLE **DT** ☐ Delete
NAME **KENT, ALAN W.**
STREET ADDRESS **209 LONGVIEW RD.**
CITY-ST-ZIP **SEBRING, FL 338701434**

TITLE **D** ☐ Delete
NAME **COLANGELO, JOE**
STREET ADDRESS **239 JAY AVE**
CITY-ST-ZIP **SEBRING, FL 33872**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME **BETTY JOAN NEFF**
STREET ADDRESS **3512 HAWK ST**
CITY-ST-ZIP **SEBRING, FL 33872-3137**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

ALAN W. KENT, TREASURER, 14JAN05 863-381-6901

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #