

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90028 011 ****61.25

DOCUMENT # N12474

1. Entity Name

Kiwanis Club of Downtown Breakfast, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
213 Circle Park Drive

Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 8952

Suite, Apt. #, etc.

City & State
Sebring, FL

City & State
Sebring, FL

Zip
33870

Country
USA

Zip
33872

Country
USA

4. FEI Number
Not Applicable

Applied For

Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Charleen Stroup

Street Address (P.O. Box Number is Not Acceptable)

1050 Cracker Hammock

City
Sebring

FL Zip Code
33875

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

Charleen Stroup, treasurer

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/27/07

FEE IS \$61.25
Initial or Amended UBR

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
NAME
STREET ADDRESS
CITY-ST-ZIP

Pres
Maria Kaiser
4819 Mercado Drive
Sebring, FL 33870

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Vice Pres
Joe Colangelo
239 Jay Ave
Sebring, FL 33870

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Secy
Judy Nugent
2815 Par Road
Sebring, FL 33870

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Treas
Charleen Stroup
1050 Cracker Hammock
Sebring, FL 33875

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Director
Olin Shinholser
430 S. Commerce Ave
Sebring, FL 33870

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Director
Annette Hebert
4400 Lewis Ave
Sebring, FL 33875

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Charleen Stroup, treasurer