


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90024 049 \*\*\*\*61.25

<b>DOCUMENT # N22965</b>			
1. Entity Name <b>KIWANIS CLUB OF GREATER HAINES CITY, FLORIDA, INC.</b>			
Principal Place of Business <b>COMMON GAUUMD 31 N 6TH ST HAINES CITY FL 33844</b>		Mailing Address <b>PO BOX 905 HAINES CITY FL 33845-0905</b>	
2. Principal Place of Business <b>R-PLACE BATTERY</b>		3. Mailing Address	
Suite, Apt. #., etc. <b>905 HWY 27 NORTH</b>		Suite, Apt. #., etc.	
City & State <b>HAINES CITY, FLORIDA, 33844</b>		City & State	
Zip <b>33844</b>	Country <b>U.S.A</b>	Zip	Country
6. Name and Address of Current Registered Agent <b>NADEAU, ALCIDE 773 CENTER CREST BLVD DAVENPORT FL 33837</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> NADEAU, ALCIDE 773 CENTER CREST BLVD DAVENPORT FL 33837 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> CAPT: PATRICK C. COTHER 526 AVENUE H-S.E, WINTER HAVEN, FL: 33880-3773 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> WIDENER, LAWRENCE 9 SANDALWOOD DRIVE DAVENPORT FL 33837 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> DAVID PUGASH 709 HIGHLAND AVENUE DUNDEE, FL, 33838-4321 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> COTHER, PATRICK 526 AVE H, SE WINTER HAVEN FL 33880 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> SEATON HODGES P.O. BOX 687, HAINES CITY, FL, 33845-0687 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> CLEMONS, DAN 1510 NORTH 26TH TERRANCE HAINES CITY FL 33844 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> PILGRIM, OWEN 211 EDELWEISS DR WINTER HAVEN FL 33881 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> WILSON, THOMAS M 166 DARTMOUTH DRIVE HAINES CITY FL 33844 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> THOMAS BROWN P.O. BOX 801, (710 HIGHLAND AVENUE) DUNDEE, FL, 33838-0801 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

**34010034**



MOORE CR2E037 (11/03)

4. FEI Number **59-1695483** Applied For  Not Applicable

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

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:** *Patrick C. Cother* **SECRETARY** **FEBRUARY 10 2004** **(863) 401-9366**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #