

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90027 021 ****61.25

DOCUMENT # N22965

1. Entity Name

KIWANIS CLUB OF GREATER HAINES CITY, FLORIDA, INC.



Principal Place of Business

**R-PLACE EATERY
905 HWY 27 NORTH
HAINES CITY FL 33844**

Mailing Address

**PO BOX 905
HAINES CITY FL 33845-0905**

20012081



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

CRYSTAL CAFE

3. Mailing Address

Suite, Apt. #, etc.

645 INGRAHAM AVENUE EAST

Suite, Apt. #, etc.

City & State

HAINES CITY, FLORIDA

City & State

4. FEI Number

59-1695483

Applied For

Not Applicable

Zip

33844

Country

POLK

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**NADEAU, ALCIDE
773 CENTER CREST BLVD
DAVENPORT FL 33837**

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

**FILE NOW: 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 **S** ☐ Delete
NAME **COTHER, PATRICK C CAPT.**
STREET ADDRESS **526 AVENUE H-S.E.**
CITY-ST-ZIP **WINTER HAVEN FL 33880-3773**

TITLE **P** ☒ Delete
NAME **PUGASH, DAVID**
STREET ADDRESS **709 HIGHLAND AVENUE**
CITY-ST-ZIP **DUNDEE FL 33838-4321**

TITLE **D** ☐ Delete
NAME **HODGES, SEATON**
STREET ADDRESS **P.O. BOX 687**
CITY-ST-ZIP **HAINES CITY FL 33845-0687**

TITLE **D** ☐ Delete
NAME **CLEMONS, DAN**
STREET ADDRESS **1510 NORTH 26TH TERRANCE**
CITY-ST-ZIP **HAINES CITY FL 33844**

TITLE **D** ☐ Delete
NAME **PILGRIM, OWEN**
STREET ADDRESS **211 EDELWEISS DR**
CITY-ST-ZIP **WINTER HAVEN FL 33881**

TITLE **T** ☒ Delete
NAME **BROWN, THOMAS**
STREET ADDRESS **P.O. BOX 801, (710 HIGHLAND AVENUE)**
CITY-ST-ZIP **DUNDEE FL 33838-0801**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **P** ☐ Change ☒ Addition
NAME **PUTNEY, FRED E**
STREET ADDRESS **903 - 14TH STREET N.E.,**
CITY-ST-ZIP **WINTER HAVEN, FL: 33881-4313**

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

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

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

TITLE **T** ☐ Change ☒ Addition
NAME **ADAMS, DEBORAH L**
STREET ADDRESS **1316 SOUTH BOULEVARD WEST,**
CITY-ST-ZIP **DAVENPORT, FL: 33837-9093**

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 **PATRICK C. COTHER (S)** **FEBRUARY 15** **(863)-401-9366**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 2005 Daytime Phone #