


**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      Mailing Address

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

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

Zip  
**33844**

Country  
**POLK**

Zip

Country

4. FEI Number      Applied For

**59-1695483**       Not Applicable

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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</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>
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10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	COTHER, PATRICK C CAPT.	
STREET ADDRESS	526 AVENUE H-S.E.	
CITY-ST-ZIP	WINTER HAVEN FL 33880-3773	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	PUGASH, DAVID	
STREET ADDRESS	709 HIGHLAND AVENUE	
CITY-ST-ZIP	DUNDEE FL 33838-4321	
TITLE	D	<input type="checkbox"/> Delete
NAME	HODGES, SEATON	
STREET ADDRESS	P.O. BOX 687	
CITY-ST-ZIP	HAINES CITY FL 33845-0687	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLEMONS, DAN	
STREET ADDRESS	1510 NORTH 26TH TERRANCE	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE	D	<input type="checkbox"/> Delete
NAME	PILGRIM, OWEN	
STREET ADDRESS	211 EDELWEISS DR	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	T	<input checked="" type="checkbox"/> 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PUTNEY, FRED E	
STREET ADDRESS	903 - 14TH STREET N.E.,	
CITY-ST-ZIP	WINTER HAVEN, FL: 33881-4313	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADAMS, DEBORAH I	
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 2005 (863)-401-9366

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #