


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # N22965

1. Entity Name
 KIWANIS CLUB OF GREATER HAINES CITY, FLORIDA, INC.



Principal Place of Business
 JOHN'S RESTAURANT
 33230 HWY 27
 HAINES CITY, FL 33844

Mailing Address
 PO BOX 905
 HAINES CITY, FL 33845-0905



02022007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-1695483

Applied For
 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

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PUTNEY, FRED 480 18TH ST SE WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEWART, JOHN 121 COVENTRY LN HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HODGES, SEATON P.O. BOX 687 HAINES CITY, FL 338450887
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLEMONS, DAN 1510 NORTH 26TH TERRANCE HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKNIGHT, LOUIS PO BOX 65 DAVENPORT, FL 33836
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ADAMS, DEBORAH L 1316 SOUTH BOULEVARD WEST DAVENPORT, FL 338379093

U00000624107
 02/14/07-80017-018 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Deborah L Adams 2-3-07 863-421-5586
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #