


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90182 011 ***61.25

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	
2. Principal Place of Business - No P.O. Box # <i>Cafe Doughmonde</i> Suite, Apt. #, etc. <i>900 Lily Ave.</i> City & State <i>Haines City, FL</i> Zip <i>33844</i> Country <i>USA</i>		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
		04282008 Chg-NP CR2E037 (12/06)	
		4. FEI Number 59-1695483 Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reconstating)	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TO	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PUTNEY, FRED 480 18TH ST SE WINTER HAVEN, FL 33884 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 90314th St. NE Winter Haven, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEWART, JOHN 121 COVENTRY LN HAINES CITY, FL 33844 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition President Betty Putney 90314th St. NE Winter Haven, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HODGES, SEATON P.O. BOX 687 HAINES CITY, FL 338450687 <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	D 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	D MCKNIGHT, LOUIS PO BOX 65 DAVENPORT, FL 33836 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D Beverly Paige 2005 Baker Ave. Haines City, FL 33845
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ADAMS, DEBORAH L 1316 SOUTH BOULEVARD WEST DAVENPORT, FL 338379093 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 the like empowered.			
SIGNATURE <i>Deborah Adams</i>		Date <i>4-28-08</i> Daytime Phone # <i>863-421-0576</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			