

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22965

FILED
Jan 09, 2012
Secretary of State

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

Current Principal Place of Business:

SOUTHERN DUNES COUNTRY CLUB
2888 SOUTHERN DUNES BLVD
HAINES CITY, FL 33844

New Principal Place of Business:

Current Mailing Address:

PO BOX 905
HAINES CITY, FL 338450905

New Mailing Address:

FEI Number: 59-1695483

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMS, DEBORAH L
1316 SOUTH BLVD WEST
DAVENPORT, FL 33837 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: HARDEN, LISA
Address: 3475 HARDEN RD.
City-St-Zip: WINTER HAVEN, FL 33884

Title: S
Name: PUTNEY, FRED
Address: 903 14TH ST NE
City-St-Zip: WINTER HAVEN, FL 33881 US

Title: D
Name: FOX, DARRELL
Address: 204 KINGFISHER LANE
City-St-Zip: HAINES CITY, FL 33844 US

Title: D
Name: WIDENER, LAWRENCE
Address: P.O.BOX 2722
City-St-Zip: HAINES CITY, FL 33845 27

Title: D
Name: CORREIA, ROBERT
Address: 920 14TH STREET NE
City-St-Zip: WINTER HAVEN, FL 33881 US

Title: T
Name: ADAMS, DEBORAH L
Address: 1316 SOUTH BOULEVARD WEST
City-St-Zip: DAVENPORT, FL 338379093

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DEBORAH L. ADAMS

T

01/09/2012

Electronic Signature of Signing Officer or Director

Date