
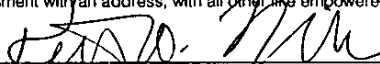


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2005 8:00 am
Secretary of State

08-31-2005 90014 041 ****70.00

DOCUMENT # N26382					
1. Entity Name BARTOW KIWANIS FOUNDATION, INCORPORATED					
Principal Place of Business BARTOW KIWANIS CLUB PO BOX 1021 BARTOW, FL 33830 US			Mailing Address BARTOW KIWANIS CLUB PO BOX 1021 BARTOW, FL 33830 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number NOT APPLICABLE				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				08212005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MEYER, JAMES R. 225 S. CENTRAL AVE. BARTOW, FL 33830				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 7, 2005		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 10	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGFORD, JOHN		NAME	MILLER, KEITH D.	
STREET ADDRESS	1250 SCOTTSLAND DR		STREET ADDRESS	755 SOUTH BROADWAY AVENUE	
CITY-ST-ZIP	LAKELAND, FL 338133741		CITY-ST-ZIP	BARTOW, FLORIDA 33830	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, KEITH		NAME	WHITE, DAVID	
STREET ADDRESS	755 S BROADWAY AVE		STREET ADDRESS	1470 HIGHWAY 17 SOUTH	
CITY-ST-ZIP	BARTOW, FL 338305602		CITY-ST-ZIP	BARTOW, FL 33830	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS, TIM		NAME	BROOKS, TIM	
STREET ADDRESS	338301280 S FIRST ST		STREET ADDRESS	1280 SOUTH FIRST STREET	
CITY-ST-ZIP	BARTOW, FL 33830		CITY-ST-ZIP	BARTOW, FL 33830	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINTON, BRIAN		NAME	LANGFORD, JOHN	
STREET ADDRESS	220 E MAIN ST		STREET ADDRESS	1250 SCOTTS LAND DRIVE	
CITY-ST-ZIP	BARTOW, FL 33830		CITY-ST-ZIP	LAKELAND, FL 33813	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, DAN		NAME	BODE, BILL	
STREET ADDRESS	2048 WISTERIA LN		STREET ADDRESS	1320 SPRING COURT	
CITY-ST-ZIP	LAKELAND, FL 33813		CITY-ST-ZIP	BARTOW, FL 33830	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 				8/25/05 863-533-7117	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

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