

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26382

FILED
Jan 28, 2008
Secretary of State

Entity Name: BARTOW KIWANIS FOUNDATION, INCORPORATED

Current Principal Place of Business:

BARTOW KIWANIS CLUB
1250 SCOTTSLAND DRIVE
LAKELAND, FL 33813 US

New Principal Place of Business:

Current Mailing Address:

BARTOW KIWANIS CLUB
PO BOX 1021
BARTOW, FL 33830 US

New Mailing Address:

FEI Number: 59-2961474 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEYER, JAMES R
225 S. CENTRAL AVE.
BARTOW, FL 33830 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 () Delete
Name: HAMMETT, JAMES
Address: 1007 S. JACKSON
City-St-Zip: BARTOW, FL 33830

Title: V () Delete
Name: LOCKWOOD, KURT D
Address: 627 WILLOW RUN
City-St-Zip: LAKELAND, FL 33813

Title: S () Delete
Name: BOHDE, JOHN M
Address: 4375 OLD COLONY ROAD
City-St-Zip: MULBERRY, FL 33860

Title: T () Delete
Name: LANGFORD, JOHN S
Address: 1250 SCOTTSLAND DRIVE
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHN S LANGFORD

T

01/28/2008

Electronic Signature of Signing Officer or Director

_____ Date