

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26382

FILED  
Mar 25, 2009  
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:**

MEYER, JAMES R  
116 S. TENNESSEE AVENUE  
LAKELAND, FL 33801 US

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: \_\_\_\_\_ Date: 03/25/2009  
Electronic Signature of Registered Agent

**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: P (X) Change ( ) Addition  
Name: LOCKWOOD, KURT  
Address: 627 WILLOW RUN  
City-St-Zip: LAKELAND, FL 33813

Title: V (X) Change ( ) Addition  
Name: BOHDE, JOHN M  
Address: 4375 OLD COLONY ROAD  
City-St-Zip: MULBERRY, FL 33860

Title: S (X) Change ( ) Addition  
Name: LAKE, RICHARD B  
Address: 685 SHANKLIN AVE  
City-St-Zip: BARTOW, FL 33830

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      Date: 03/25/2009  
Electronic Signature of Signing Officer or Director