

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90058 020 ****61.25

DOCUMENT # N32875

1. Entity Name

LAKELAND KIWANIS FOUNDATION, INC.

Principal Place of Business

Mailing Address

**5015 S FLORIDA AVE
 409
 LAKELAND FL 33813**

**PO BOX 2294
 LAKELAND FL 33806**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

US

Zip

Country

US

4. FEI Number

59-2965158

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MADDEN, ROBERT L
 5015 SOUTH FLORIDA AVE SUITE 409
 LAKELAND FL 33813**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☐ Delete
 NAME **CANTRALL, MATTHEW**
 STREET ADDRESS **1829 E EDGEWOOD DRIVE**
 CITY-ST-ZIP **LAKELAND FL 33803**

TITLE **D** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **NUNEZ, CHARLES**
 STREET ADDRESS **811 E MAIN STREET**
 CITY-ST-ZIP **LAKELAND FL 33801**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** ☐ Delete
 NAME **MADDEN, ROBERT L**
 STREET ADDRESS **5015 S FLORIDA AVENUE, SUITE 409**
 CITY-ST-ZIP **LAKELAND FL 33813**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPD** ☐ Delete
 NAME **PHILIPSON, CAROLE**
 STREET ADDRESS **1324 LAKELAND HILLS BLVD**
 CITY-ST-ZIP **LAKELAND FL 33804**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☐ Delete
 NAME **SMITH, KARIN DAY**
 STREET ADDRESS **5009 HANOVER LANE**
 CITY-ST-ZIP **LAKELAND FL 33813**

TITLE ☒ Change ☐ Addition
 NAME **McKNIGHT, KARIN DAY**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **SAERRY, KATHLEEN**
 STREET ADDRESS **35 LAKE MORTON DRIVE**
 CITY-ST-ZIP **LAKELAND FL 33801**

TITLE **SD** ☒ Change ☐ Addition
 NAME **SPERRY, KATHLEEN**
 STREET ADDRESS
 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:

Robert L. Madden, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-02 (863) 648-1001

Date

Daytime Phone #

CR2E037 (9/01)

Attachment & Dist# N32875
616 680

PARAGRAPH 11 (CONT'D)

D

ROBERT H. KALEY
1345 W. MEMORIAL BLVD
WAKELAND, FL 33815

D

JIM STUDIALE
228 S. MASSACHUSETTS AVE.
WAKELAND, FL 33801

D

JAMES VERPLANCK
3525 BRIDGEFIELD DRIVE
WAKELAND, FL 33803