

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90017 007 ****61.25

DOCUMENT # N32875

1. Entity Name

LAKELAND KIWANIS FOUNDATION, INC.



Principal Place of Business

5015 S FLORIDA AVE
409
LAKELAND FL 33813

Mailing Address

PO BOX 2294
LAKELAND FL 33806

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

6810 NEW TAMPA HWY, #100

Suite, Apt. #, etc.

City & State

LAKELAND, FLORIDA

City & State

Zip

33815

Country

USA

Zip

Country

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

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

7. Name and Address of New Registered Agent

Name SAME NAME

Street Address (P.O. Box Number is also acceptable)

6810 NEW TAMPA HWY, STE 100

City LAKELAND

FL

Zip Code

33815

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

Robert L. Madden, ROBERT L. MADDEN

2/14/04

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP CANTRALL, MATTHEW 1829 E EDGEWOOD DRIVE LAKELAND FL 33803	☒ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT NUNEZ, CHARLES 811 E MAIN STREET LAKELAND FL 33801	☒ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MADDEN, ROBERT L 5015 S FLORIDA AVENUE, SUITE 409 LAKELAND FL 33813	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS PHILIPSON, CAROLE 1324 LAKELAND HILLS BLVD LAKELAND FL 33804	☒ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FORD, HEACOCK 129 S. FLORIDA AVE., SUITE 400 LAKELAND FL 33801	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RICE, TIMOTHY 865 CREATIVE DRIVE LAKELAND FL 33813	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/S RANDY ANDERSEN 1245 JEFFERSON DRIVE LAKELAND, FL 33803	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/T JOEL LANDAU 331 S. FLORIDA AVE, SUITE 400 LAKELAND, FL 33801	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	6810 NEW TAMPA HWY, SUITE 100 LAKELAND, FL 33815	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JIMMY WALLER 1701 E. GARY ROAD LAKELAND, FL 33801	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	100 E. MAIN STREET LAKELAND, FL 33801	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition

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, ROBERT L. MADDEN 2/14/04 (863) 802-1004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment - N32875 54022344

SECTION 11 (CONT'D)

ADDITIONS

D/V

BOB KALEY

1920 E. EDGEWOOD DR, H-1

LAKELAND, FL 33803

D

JIM STUDIALE

925 WEDGEWOOD LANE

LAKELAND, FL 33813

D

JIM VERPLANCK

3525 BRIDGEFIELD DRIVE

LAKELAND, FL 33803