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	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.: 6810 NEW TAMPA HWY, #100	Suite, Apt. #, etc.
City & State: LAKELAND, FLORIDA	City & State
Zip: 33815 Country: USA	Zip / Country

MOORE CR2E037 (11/03)

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: SAME NAME Street Address (P.O. Box Numbers Not 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	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE: DVP NAME: CANTRALL, MATTHEW STREET ADDRESS: 1829 E EDGEWOOD DRIVE CITY-ST-ZIP: LAKELAND FL 33803 ☒ Delete	TITLE: D/S NAME: RANDY ANDERSEN STREET ADDRESS: 1245 JEFFERSON DRIVE CITY-ST-ZIP: LAKELAND, FL 33803 ☐ Change ☒ Addition
TITLE: DT NAME: NUNEZ, CHARLES STREET ADDRESS: 811 E MAIN STREET CITY-ST-ZIP: LAKELAND FL 33801 ☒ Delete	TITLE: D/T NAME: JOEL LANDAU STREET ADDRESS: 331 S. FLORIDA AVE, SUITE 400 CITY-ST-ZIP: LAKELAND, FL 33801 ☐ Change ☒ Addition
TITLE: PD NAME: MADDEN, ROBERT L STREET ADDRESS: 5015 S FLORIDA AVENUE, SUITE 409 CITY-ST-ZIP: LAKELAND FL 33813 ☐ Delete	TITLE: NAME: STREET ADDRESS: 6810 NEW TAMPA HWY, SUITE 100 CITY-ST-ZIP: LAKELAND, FL 33815 ☒ Change ☐ Addition
TITLE: DS NAME: PHILIPSON, CAROLE STREET ADDRESS: 1324 LAKELAND HILLS BLVD CITY-ST-ZIP: LAKELAND FL 33804 ☒ Delete	TITLE: D NAME: JIMMY WALLER STREET ADDRESS: 1701 E. GARY ROAD CITY-ST-ZIP: LAKELAND, FL 33801 ☐ Change ☒ Addition
TITLE: D NAME: FORD, HEACOCK STREET ADDRESS: 129 S. FLORIDA AVE., SUITE 400 CITY-ST-ZIP: LAKELAND FL 33801 ☐ Delete	TITLE: NAME: STREET ADDRESS: 100 E. MAIN STREET CITY-ST-ZIP: LAKELAND, FL 33801 ☒ Change ☐ Addition
TITLE: D NAME: RICE, TIMOTHY STREET ADDRESS: 865 CREATIVE DRIVE CITY-ST-ZIP: LAKELAND FL 33813 ☐ Delete	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