

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34640

FILED
Apr 20, 2005
Secretary of State

Entity Name: KIWANIS CLUB OF PALM HARBOR, FL., INC.

Current Principal Place of Business:

PO BOX 962
PALM HARBOR, FL 34682 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 962
PALM HARBOR, FL 34682 US

New Mailing Address:

FEI Number: 59-1967651

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BORAWSKI, THOMAS J.
365 MAYFAIR CIRCLE E
PALM HARBOR, FL 34683 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: PD () Delete
Name: WEBBER, CAROLYN R
Address: 2533 MORNING GLORY COURT
City-St-Zip: HOLIDAY, FL 34692 US

Title: TD () Delete
Name: PAPUGA, JOHN T
Address: 500 MERAVAN DR.
City-St-Zip: PALM HARBOR, FL 34683

Title: VD () Delete
Name: WARMAN, DAVID S
Address: PO BOX 1145 - 5330 SPRING HILL DRIVE
City-St-Zip: SPRING HILL, FL 34606 US

Title: VD () Delete
Name: HOGUE, JOHN W
Address: PO BOX 328 - 333 LIMETTA STREET
City-St-Zip: OZONA, FL 34660 US

Title: SD () Delete
Name: HEIFETZ, CARL L
Address: 1220 WINDING WILLOW DRIVE
City-St-Zip: TRINITY, FL 34655 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VD (X) Change () Addition
Name: PARKER, HAROLD
Address: 4992 SILVERTHORNE CT.
City-St-Zip: OLDSMAR, FL 34677 US

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 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 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 T PAPUGA

TD

04/20/2005

Electronic Signature of Signing Officer or Director

Date