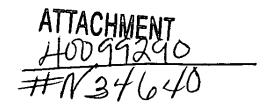
## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## May 02, 2007 8:00 am Secretary of State DOCUMENT # N34640 05-02-2007 90069 035 \*\*\*\*61.25 KIWANIS CLUB OF PALM HARBOR, FL., INC. Principal Place of Business Mailing Address PO BOX 962 PO BOX 962 PALM HARBOR, FL 34682 PALM HARBOR, FL 34682 US US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02202007 Cha-NP CR2E037 (12/06) City & State 4. FEI Number 59-1967651 City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BORAWSKI, THOMAS J. Street Address (P.O. Box Number is Not Acceptable) 365 MAYFAIR CIRCLE E North ridge PALM HARBOR, FL 34683 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. Nicholas Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE □ Delete TITLE D Change ☐ Addition WINSCOTT, CHARLES R NAME NAME STREET ADDRESS **508 LAKEVIEW DRIVE** STREET ADDRESS OLDSMAR, FL 34677 CITY-ST-ZIP CITY-ST-ZIP VD DTITLE ☐ Delete Addition PAPUGA, JOHN T NAME NAME STREET ADDRESS 500 MERAVAN DR. STREET ADDRESS CITY-ST-ZIP PALM HARBOR, FL 34683 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition LANDI, MICHAEL F NAME 202 FOXCROFT DRIVE, WEST STREET ADDRESS STREET ADDRESS CITY-ST-7IP PALM HARBOR, FL 34683 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition HOGUE, JOHN W NAME NAME STREET ADDRESS P0 BOX 328 - 333 LIMETTA STREET STREET ADDRESS CITY+ST-7IP OZONA, FL 34660 CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition HEIFETZ, CARL L NAME STREET ADDRESS 1220 WINDING WILLOW DRIVE STREET ADDRESS CITY-ST-ZIP TRINITY, FL 34655 CITY-ST-7IP SD TITLE ☐ Delete TITLE ☐ Change Addition BRETTHAUER, MARTIN S NAME NAME 1915 BLUE RIVER RD STREET ADDRESS STREET ADDRESS HOLIDAY, FL 34691 CITY-ST-ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 v address, with all other like empowered

T- PAPUGA **クトナロクレ** 

**FILED** 



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