

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90002 044 \*\*\*\*61.25

**DOCUMENT # N37272**

1. Entity Name  
LAKE WALES KIWANIS FOUNDATION, INC.



Principal Place of Business  
P.O. BOX 1037  
LAKE WALES, FL 33859

Mailing Address  
P.O. BOX 1037  
LAKE WALES, FL 33859

54017854



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02292004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
59-3061920

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

SPENCE, DEANNA C  
2909 PLANTATION RD  
WINTER HAVEN, FL 33884

Name

Street Address (P.O. Box Number is Not Acceptable)

957 Old Cedar Rd

City

Lake Wales

FL

Zip Code

33898

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

*Deanna Spence*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing 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 PPD  
NAME RIGNANESE, CYNTHIA  
STREET ADDRESS 3507 WHITE OAK COURT  
CITY-ST-ZIP LAKE WALES, FL 33853 ☒ Delete

TITLE P  
NAME PETERSON, NARVELL  
STREET ADDRESS 415 E STREET  
CITY-ST-ZIP LAKE WALES, FL 33853 ☐ Delete

TITLE SD  
NAME SPENCE, DEANNA C  
STREET ADDRESS 2909 PLANTATION RD  
CITY-ST-ZIP WINTER HAVEN, FL 33884 ☐ Delete

TITLE TD  
NAME TONJES, LARRY L  
STREET ADDRESS 3648 TWISTED OAK COURT  
CITY-ST-ZIP LAKE WALES, FL 33853 ☐ Delete

TITLE PED  
NAME CLAXTON, JOE  
STREET ADDRESS 2547 TIGERLAKE DR.  
CITY-ST-ZIP LAKE WALES, FL 33853 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PRESIDENT ELECT  
NAME KLEIN, TERRY  
STREET ADDRESS 1985 VILLAGE ROAD  
CITY-ST-ZIP BARTON FL 33830 ☐ Change ☒ Addition

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

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

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

TITLE PRESIDENT  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ 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:

*Larry Tonjes* 3/6/04 (863) 676-7278

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #