

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37491

FILED
May 07, 2005
Secretary of State

Entity Name: KIWANIS CLUB FOUNDATION OF THE UNIVERSITY CITY, INC.

Current Principal Place of Business:

10425 SW 48TH PL
GAINESVILLE, FL 326053722

New Principal Place of Business:

Current Mailing Address:

PO BOX 147050 PMB 363
GAINESVILLE, FL 326147050

New Mailing Address:

FEI Number: 59-3016459 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WARD, JOHN F
10425 SW 48 PLACE
GAINESVILLE, FL 32608 US

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: T () Delete
Name: MCIVER, HELEN
Address: 14506 NW 207TH TERR
City-St-Zip: HIGH SPRINGS, FL 32643

Title: SD () Delete
Name: BARTLETT, PATRICIA
Address: 3101 SW 198 WAY
City-St-Zip: GAINESVILLE, FL 326019074

Title: D () Delete
Name: BUTZ, JESSIE
Address: 2176 NW 28 STREET
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Delete
Name: WOOD, ASHLEY
Address: UNIVERSITY OF FLORIDA BLDG. 116
City-St-Zip: GAINESVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: CHILDS, VIRGINIA
Address: 3916 SW 69TH AVENUE
City-St-Zip: GAINESVILLE, FL 32608

Title: D (X) Change () Addition
Name: DODD, CHRISTOPHER W
Address: 2312 NW 95TH STREET
City-St-Zip: GAINESVILLE, FL 32606

Title: P (X) Change () Addition
Name: WOOD, ASHLEY
Address: UNIVERSITY OF FLORIDA BLDG. 116
City-St-Zip: GAINESVILLE, FL

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: HELEN MCIVER

T

05/07/2005

Electronic Signature of Signing Officer or Director

Date