

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90004 010 ****61.25

DOCUMENT # N38401

1. Entity Name

**KIWANIS CLUB OF CENTRAL FLORIDA (SEMINOLE
COUNTY) CHARITIES, INC.**



Principal Place of Business

P.O. BOX 160321
ALTAMONTE SPRINGS FL 32716-0321
US

Mailing Address

P.O. BOX 160321
ALTAMONTE SPRINGS FL 32716-0321
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3075649

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

**H. W. BILL HEWSON, SEC.
584 WHISPER WOOD DR.
LONGWOOD FL 32779**

Name

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

City

FL

Zip Code

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

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, 2006**

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 TS ☐ Delete
NAME SCHNELL, JAMES
STREET ADDRESS 645 SWEET BRIAR BRANCH
CITY-ST-ZIP LONGWOOD FL

TITLE DP ☐ Delete
NAME FINCH, WILLIAM
STREET ADDRESS 1520 SUGARWOOD CIR.
CITY-ST-ZIP WINTER PARK FL

TITLE D ☐ Delete
NAME EVERATT, JOHN
STREET ADDRESS 1725 E ADAMS DRIVE
CITY-ST-ZIP MAITLAND FL

TITLE D ☐ Delete
NAME CROWDER, DAVID C
STREET ADDRESS 1712 CINNAMON CIR
CITY-ST-ZIP CASSELBERRY FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 with an address, with all other like empowered.

SIGNATURE:

1/20/06

407-821-1407