

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38401

FILED  
Mar 29, 2007  
Secretary of State

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

**Current Principal Place of Business:**

P.O. BOX 160321  
ALTAMONTE SPRINGS, FL 327160321 US

**New Principal Place of Business:**

820 LAKE KATHRYN CR  
CASSELBERRY, FL 32707 US

**Current Mailing Address:**

P.O. BOX 160321  
ALTAMONTE SPRINGS, FL 327160321 US

**New Mailing Address:**

**FEI Number:** 59-3075649      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

H. W. BILL HEWSON, SEC.  
584 WHISPER WOOD DR  
LONGWOOD, FL 32779 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: TS ( ) Delete  
Name: SCHNELL, JAMES  
Address: 645 SWEET BRIAR BRANCH  
City-St-Zip: LONGWOOD, FL

Title: DP ( ) Delete  
Name: FINCH, WILLIAM,  
Address: 1520 SUGARWOOD CIR.  
City-St-Zip: WINTER PARK, FL

Title: D ( ) Delete  
Name: EVERATT, JOHN,  
Address: 1725 E ADAMS DRIVE  
City-St-Zip: MAITLAND, FL

Title: D ( ) Delete  
Name: CROWDER, DAVID C  
Address: 1712 CINNAMON CIR  
City-St-Zip: CASSELBERRY, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: TS (X) Change ( ) Addition  
Name: SCHNELL, JAMES  
Address: 645 SWEET BRIAR BRANCH  
City-St-Zip: LONGWOOD, FL 32750

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

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

Title: D (X) Change ( ) Addition  
Name: CROWDER, DAVID C  
Address: 820 LAKE KATHRYN CR  
City-St-Zip: CASSELBERRY, FL 32707

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: DAVID CROWDER

D

03/29/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date