2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2008
Secretary of State

DOCUMENT# N38401

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

Current Principal Place of Business:

820 LAKE KATHRYN CR
CASSELBERRY, FL 32707 US

New Principal Place of Business:

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 32750

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: 820 LAKE KATHRYN CR
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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 TRES 04/12/2008

Electronic Signature of Signing Officer or Director Date