

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N38401

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**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:**

CROWDER, DAVID C TRES  
820 LAKE KATHRYN CR  
CASSELBERRY, FL 32707 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: DAVID CROWDER

01/05/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SCHNELL, JAMES  
Address: 645 SWEET BRIAR BRANCH  
City-St-Zip: LONGWOOD, FL 32750 US

Title: T  
Name: CROWDER, DAVID  
Address: 820 LAKE KATHRYN CR  
City-St-Zip: CASSELBERRY, FL 32707 US

Title: D  
Name: WEST, LUCY  
Address: 588 SAND WEDGE LOOP  
City-St-Zip: APOPKA, FL 32712 US

Title: D  
Name: CROWDER, DAVID C  
Address: 820 LAKE KATHRYN CR  
City-St-Zip: CASSELBERRY, FL 32707 US

I hereby 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 all other like empowered.

SIGNATURE: DAVID CROWDER

D

01/05/2012

Electronic Signature of Signing Officer or Director

Date