

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90198 011 ****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



☐ CHECK HERE IF MAKING CHANGES

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

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

7. Name and Address of New Registered Agent

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

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 **BASS, JOHN**
STREET ADDRESS **1947 WATER LANE**
CITY-ST-ZIP **MAITLAND FL**

TITLE **D** ☒ Delete
NAME **WHIPPLE, GEORGE**
STREET ADDRESS **231 SHELL POINT E.**
CITY-ST-ZIP **MAITLAND 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**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

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

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE REQUIRED David Crowder 1/17/03 407-695-6512

CR2E037 (10/02)