

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90025 001 ****61.25

DOCUMENT # N39666

1. Entity Name

**KIWANIS CLUB OF THE LAKE REGION-KEYSTONE
HEIGHTS/MELROSE, INC.**



Principal Place of Business

201 LAWRENCE BLVD.
P.O. BOX 715
KEYSTONE HEIGHTS FL 32656

Mailing Address

201 LAWRENCE BLVD.
P.O. BOX 715
KEYSTONE HEIGHTS FL 32656

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3029294

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

**NEWELL, PAUL D.
201 LAWRENCE BLVD.
KEYSTONE HEIGHTS FL 32656**

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, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	TD DOOLEY, SANDRA <input type="checkbox"/> Delete
STREET ADDRESS	56 SE 35TH ST
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656
TITLE NAME	SD GARNER, VIRGINIA N. <input type="checkbox"/> Delete
STREET ADDRESS	107 TRUMPETER CT
CITY-ST-ZIP	MELROSE FL 32666
TITLE NAME	PD SCOTT, ROBERTS <input type="checkbox"/> Delete
STREET ADDRESS	PO BOX 750
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656
TITLE NAME	PPD LAWSON, SHAW <input checked="" type="checkbox"/> Delete
STREET ADDRESS	6630 VIRGINIA BEACH LN
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	PPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	(same)
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Bob Canady
CITY-ST-ZIP	7155 SE 2nd Place Starke, FL 32091
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Sandra Dooley (Sandra Dooley)

2/9/05 (352)475-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #