

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90041 012 ****61.25

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01252005 Chg-NP CR2E037 (10/03)

DOCUMENT # N42217 1. Entity Name KIWANIS CLUB OF PLANT CITY, INC.			
Principal Place of Business P.O. BOX 3574 PLANT CITY, FL 33566 US		Mailing Address P.O. BOX 3574 PLANT CITY, FL 33566 US	
2. Principal Place of Business P.O. Box 3574 Suite, Apt. #, etc.		3. Mailing Address P.O. Box 3574 Suite, Apt. #, etc.	
City & State PLANT City FL Zip 33569-0010 Country USA		City & State PLANT City FL Zip 33563-0010 Country USA	
4. FEI Number 59-6045290		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BUZZA, MATTHEW 505 N. MERRIN STREET PLANT CITY, FL 33563		7. Name and Address of New Registered Agent Name McCaughey, John Street Address (P.O. Box Number is Not Acceptable) 651 Edgewater DR. City PLANT City FL Zip Code 33565	
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 John McCaughey, President 2/4/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 STREET ADDRESS CITY-ST-ZIP	P BUZZA, MATTHEW 505 N. MERRIN STREET PLANT CITY, FL 33563 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT McCaughey, John 651 Edgewater DR. PLANT City FL 33565 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE MCCAUGHEY, JOHN 651 EDGEWATER DRIVE PLANT CITY, FL 33565 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ELEG HAWTHORNE, Kenneth D. 5726 Lake Breeze Ave Lakeland FL 33809 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CLANCY, BRETT 3511 SANDBURG LOOP PLANT CITY, FL 33566 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT COX, TRACY 2601 SPRUCEWOOD DR PLANT City FL 33566 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RADICCHI, MICHAEL 2715 VILLA DRIVE VALRICO, FL 33594 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER MCDANIEL, DENISE 1505 TOZIER PL PLANT City FL 33563 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COX, TRACY 2601 SPRUCEWOOD DRIVE PLANT CITY, FL 33566 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY HAYWOOD, Anne 302 W. McLendon St PLANT City FL 33563 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: John McCaughey 2/4/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			