2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N42217

1. Entity Name
KIWANIS CLUB OF PLANT CITY, INC.

Principal Place of Business	Mailing Address
P.O. BOX 3574	P.O. BOX 3574
PLANT CITY, FL 33563-0010 US	PLANT CITY, FL 33563-0010 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	01172007 Chg-NP CR2E037 (12/06)
City & State	City & State	**4.** FEI Number 59-6045290 / Applied For / Not Applicable
Zip / Country	Zip / Country	**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
HAWTHORNE, KENNETH D 5726 LAKE BREEZE AVE LAKELAND, FL 33809	Name *McCAUGHEY, John W.* Street Address (P.O. Box Number is Not Acceptable) *651 N. Edgewater Drive* City *Plant City* FL Zip Code *33563*

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]*, *Secretary* DATE *1/17/07*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25 **Due by May 1, 2007**	**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 STREET ADDRESS CITY-ST-ZIP	S MCCAUGHEY, JOHN 651 EDGEWATER DR PLANT CITY, FL 33563	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	*one typo set left*	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAWTHORNE, KENNETH D 5726 LAKE BREEZE AVE LAKELAND, FL 33809	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	*P* *McDANIEL, DENISE* *1505 TOZIER PLACE* *PLANT CITY, FL 33565*	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WATKINS, BILL 2000 E BAKER STR PLANT CITY, FL 33566	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	*T* *REITZ, ANNA* *3607 FORTNER RD.* *PLANT CITY, FL 33567*	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCDANIEL, DENISE 1505 TOZIER PL PLANT CITY, FL 33563	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	*VP* *WATKINS, BILL* *3501 W. KNIGHTO-GRIFFIN Rd.* *PLANT CITY, FL 33565*	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CLANCY, BRET 3511 SANDBURG LOOP PLANT CITY, FL 33566	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	*VP* *HANCOCK, TAMMY* *2114 HUDSON Rd.* *DOVER, FL 33527*	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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]* *JOHN W. McCAUGHEY* *1/17/07* (813) 751-9110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #