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

01-03

FILED
Feb 21, 2003 8:00 A.M.
Secretary of State

DOCUMENT # N48707

1. Entity Name
Kiwanis Club of North Orlando, Inc.

100013281021
02/28/03--01078--009 **61.25

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
646 W. Smith St	PO Box 641
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando FL	City & State: Orlando FL
Zip: 32804 Country: USA	Zip: 32802 Country: USA

4. FEI Number: 596158827 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Mary F. Sekac

Street Address (P.O. Box Number is Not Acceptable): 757 Little WEkiva Circle

City: Altamonte Springs FL Zip Code: 32714

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: Mary F. Sekac MARY F. SEKAC 1/13/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	President P D E. Givens Goodspeed 1839 Ivanhoe Rd, Orlando FL 32804
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President V Rick Luebbert 1021 E Livingston St Orlando FL 32803
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer T / D Kay Davis 3058 Greenmount Rd Orlando FL 32806
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary S Mary Sekac 757 Little Wekiva Cir. Alt. Spgs. FL 32714
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Elect D Irby Pugh 218 Annie St Orlando FL 32806
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

100013281021
02/28/03--01078--010 **123.50

DO NOT WRITE IN THIS SPACE

CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: E. Givens Goodspeed 1/13/03 407-625-5500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

E. GIVENS GOODSPEED

JP 2/24

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

attachment

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N 48707

1. Corporation Name

Kiwanis Club of North Orlando Inc

2. Principal Office Address	**3.** Mailing Office Address
1646 W Smith St	PO Box 641
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando FL	City & State: ORLANDO FL
Zip: 32804 Country: US	Zip: 32802 Country: ~~US~~ US

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 596158827 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: MARY F. SEKAC

Street Address (P.O. Box Number is Not Acceptable): 757 Little Wekiva Circle

Suite, Apt. #, Etc.:

City: Altamonte Springs State: FL Zip Code: 32714

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Mary F Sekac Date: 12/16/02

REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

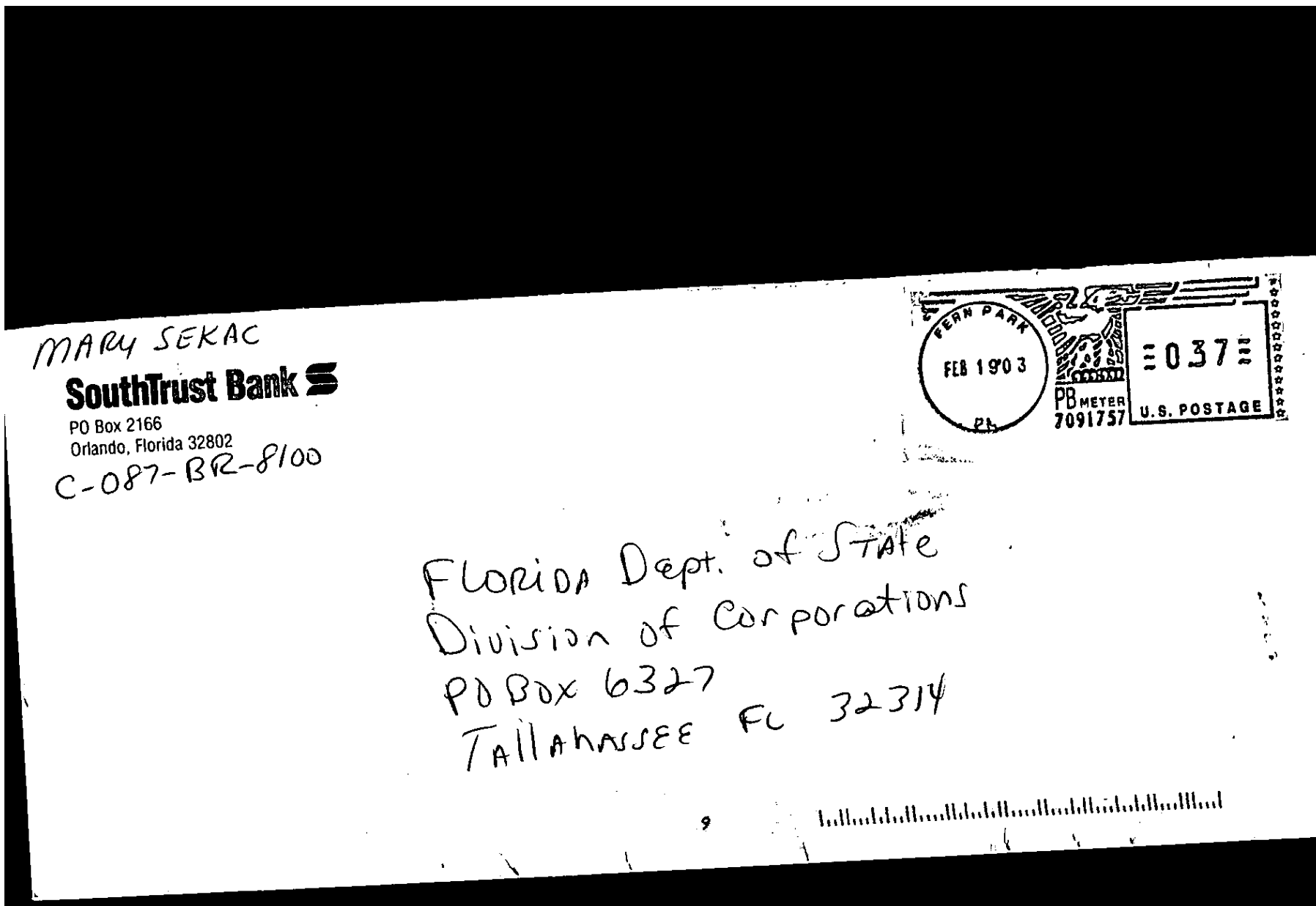
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	E. Givens Goodspeed	1839 Ivanhoe Rd ~~Orlando~~	Orlando FL 32804
V	Rick Luebbert	1021 E Livingston St	Orlando FL 32803
T/D	Kay Davis	3058 Greenmount Rd	Orlando FL 32806
S	Mary Sekac	757 Little Wekiva Cir	Altamonte Springs FL 32714
D	Irby Pugh	218 Annie St	Orlando FL 32806

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: E Goodspeed 12/16/02 407-125550

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



MARY SEKAC

SouthTrust Bank

PO Box 2166
Orlando, Florida 32802

C-087-BR-8100

FERN PARK
FEB 1903
PB METER 7091757
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U.S. POSTAGE

FLORIDA Dept. of STATE
Division of Corporations
PO BOX 6327
TALLAHASSEE FL 32314