
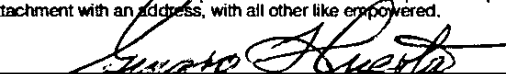


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90104 047 \*\*\*\*61.25

<b>DOCUMENT # N49813</b> 1. Entity Name <b>KIWANIS CLUB OF PALMA CEIA-WESTSHORE, TAMPA, INC.</b>					
Principal Place of Business <b>P.O. BOX 10232 TAMPA, FL 33679-0232</b>			Mailing Address <b>P.O. BOX 10232 TAMPA, FL 33679-0232</b>		
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 <b>59-0878316</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>HUERTA, GENARO 2904 W. LAKE AVE. TAMPA, FL 33607</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<input checked="" type="checkbox"/> <b>HART, DR. R S.</b>	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> <b>D</b>	
NAME			NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<b>16921 CRAWLGY RD.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ODESSA, FL 33556</b>		CITY-ST-ZIP		
TITLE	<input checked="" type="checkbox"/> <b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>SCHMOLL, FRANK</b>		NAME	<b>JAMES E SAWYER</b>	
STREET ADDRESS	<b>2618 S DUNDEE ST</b>		STREET ADDRESS	<b>27552 HIALEAH WAY</b>	
CITY-ST-ZIP	<b>TAMPA, FL 33629</b>		CITY-ST-ZIP	<b>WESLEY CHAPEL, FL 33544</b>	
TITLE	<input checked="" type="checkbox"/> <b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MOORE, DANIEL F</b>		NAME		
STREET ADDRESS	<b>3323 SWANN AVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TAMPA, FL</b>		CITY-ST-ZIP		
TITLE	<input checked="" type="checkbox"/> <b>D</b>	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DAVIE, ROBERT JR.</b>		NAME	<b>P</b>	
STREET ADDRESS	<b>3225 S MACDILL AVE., 129-109</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TAMPA, FL 33629</b>		CITY-ST-ZIP		
TITLE	<input checked="" type="checkbox"/> <b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CATOE, WILLIAM C</b>		NAME		
STREET ADDRESS	<b>3205 ROWAN LANE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TAMPA, FL 33618</b>		CITY-ST-ZIP		
TITLE	<input checked="" type="checkbox"/> <b>ST</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HUERTA, GENARO</b>		NAME		
STREET ADDRESS	<b>2904 W. LAKE AVE.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TAMPA, FL</b>		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.					
<b>SIGNATURE:</b> 			<b>4/11/05 (813)876-9561</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		