FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000003284 (7)**

1. Corporation Name

WINTER PARK SUNRISE KIWANIS CLUB FOUNDATION, INC

Principal Place of Business	Mailing Address
PO BOX 1314 WINTER PARK FL 32790 US	PO BOX 1314 WINTER PARK FL 32790 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/19/1993
3a. Date of Last Report: 02/03/1994
4. FEI Number: ~~APPLIED FOR~~ 59-3199006 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

KRACK, RICK D.
475 SUNDOWN TRAIL
CASSELBERRY FL 32707

10. Name and Address of New Registered Agent

81 Name: RICK D. KRACK
82 Street Address (P.O. Box Number is Not Acceptable): 1394 AVERSWOLD COURT
83
84 City: WINTER SPRINGS FL 85 Zip Code: 32708

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Rick D. Krack RICK D. KRACK 4/17/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	MELLIN, RICK	12 NAME		
STREET ADDRESS	354 MASHIE LANE	13 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	REESE, ROBET B	22 NAME		
STREET ADDRESS	952 MOSS LANE	23 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	SANDERS, MARGARET	32 NAME		
STREET ADDRESS	641 WILLIAMS DRIVE	33 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	TAYLOR, LARRY	42 NAME		
STREET ADDRESS	1016 WEATHERED WOOD CIRCLE	43 STREET ADDRESS		
CITY-ST-ZIP	WINTER SPRINGS FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	KRACK, RICK D	52 NAME		
STREET ADDRESS	425 SUNDOWN TRAIL	53 STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY FL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rick D. Krack RICK D. KRACK 4/17/95 407-647-6444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0032000