

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 21, 2001 08:00 AM**
Secretary of State**DOCUMENT # N93000003284****1. Entity Name**
WINTER PARK SUNRISE KIWANIS CLUB FOUNDATION, INC.

Principal Place of Business PO BOX 1573 WINTER PARK FL 32790 US	Mailing Address PO BOX 1573 WINTER PARK FL 32790 US
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2. Principal Place of Business PO BOX 1573	3. Mailing Address PO BOX 1573
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State WINTER PARK FL	City & State WINTER PARK FL
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Zip 327901573	Country US	Zip 327901573	Country US
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4. FEI Number 59-3193006	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SMITH DANIEL D 1605 ASHEER LANE ORLANDO FL 328031825 US
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7. Name and Address of New Registered Agent

Name SMITH DANIEL D
Street Address (P.O. Box Number is Not Acceptable) 1605 ASHER LANE
City ORLANDO FL
Zip Code 328031825

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.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)	04/21/2001 DATE
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FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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Make Check Payable to Department of State**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WEINROTH STANLEY 2685 QUEEN MARY PL MAITLAND FL 327515178	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SMITH DANIEL B 1605 ASHER LN ORLANDO FL 328031825	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELANSON ROBERT G 510 AVALON BLVD. ORLANDO FL 328064005	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CLARK WILLIAM D 2017 KEWANNEE TRL CASSELBERRY FL 327075614	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COUGHLIN DANIEL M 980 VIRGINIA DR WINTER PARK FL 327895908	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLISON JAMES C 2922 EMBASSY CT CASSELBERRY FL 327075874	<input checked="" 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)(f), 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: Wm D Clark	TD	04/21/2001
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CR2E037 (11/00)