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FILED Feb 12, 2004 8:00 am Secretary of State

| ì | ANNUAL REPORT |
|---|---------------|
| | |

| 1. Entity Name WINTER PARK SUNRISE KIWANIS CLUB FOUNDATION, INC. | | | | | | | <u> </u> | 02-12-2004 | 90007 | 039 *** | *61.25 | | |
|---|---|-------------|-----------------------|----------------|----------------------|------------|--|---------------------------------------|-------------|---------------|---------------|--|--|
| Principal Place of Business Mailing Address PO BOX 1573 PO BOX 1573 WINTER PARK, FL 32790-1573 US WINTER PARK, FL 32790- | | | | | 3 US | | | 430100 | | | | | |
| 2. Principal P | face of Business | 3. Mai | siling Address | | | | | | | | | | |
| Suite, Apt. | #, etc. | Sui | Suite, Apt. #, etc. | | | | 01152004 | Chg-NP | CR2E0 | 37 (10/03) |) | | |
| City & Stat | 0 | Cit | City & State | | | | 4. FEI Number Applied For 59-3193006 Not Applied by | | | | | | |
| Zip | Country | Ziç | Zip Country | | | | 5. Certificate of Status Desired Sa.75 Additional Fee Required | | | | | | |
| | 6. Name and Address of Current | Registere | d Agent | | | | 7. Name and A | Iddress of New P | egistered | Agent | | | |
| SMITH: DA | ANIFITO | | | - | Name | | | | | | | | |
| 1605 ASH | | | = | Street Address | | | | s (P.O. Box Number is Not Acceptable) | | | | | |
| , | | | | | City | | | | | Zip Co | | | |
| | | | | | | | | | FL | - ' | | | |
| the obligat | named entity submits this statement to ions of registered agent. | or the purp | ose of changing its i | register | ecionice o | r register | ed agent, or both | , in the State of Fig | orida. I em | familier with | 1, and accept | | |
| SIGNATURE . | SIGNATURE | | | | | | | | | | | | |
| Filling Fee is \$81.25 9. Election Campaign Fina | | | | | | | \$5.00 May Be Make check payable to | | | | | | |
| | Due by May 1, 2004 | | Trust Fund C | Ontribut | ion. | | Added to Fees | Flor | ida Depai | rtment of t | State | | |
| TITLE TO THE | OFFICERS AND DIF | RECTORS | ☐ Detets | 11. | | <u>`</u> | ADDITIONS/CHAI | NGES TO OFFICE | RS AND DI | | | | |
| NAME | COUMMLIN, DANIEL M | | | NAME | | | | A | | (Change | ☐ Addition | | |
| STREET ADDRESS | 980 VIRGINIA DR | | | STRE | et address | 980 | CIRGIN | ANIEL W | • • | | | | |
| CITY-SI-ZIP | WINTER PARK, FL 327895908 | | - | -ST-ZIP | ω,, | N+ER PA | <u> </u> | | | | | | |
| TITLE NAME | D CLARK, WILLIAM D | | Delete | MAM | | | | | | Change | Addition | | |
| STREET ADDRESS | 2017 KEWANNEE TRL | | | | ET ADDRESS | | | | | | | | |
| CITY-ST-ZIP | CASSELBERRY, FL 327075614 | | | CITY | -ST-ZIP | | | | | | | | |
| TITLE | TD | | Delete | IIILE | | D | | | - | (Crange | Addition | | |
| NAME STREET ADDRESS | MELANSON, ROBERT G 510 AVALON BLVD. | | | NAM | ET ADORESS | WEL | ANSON, K AURLUN | obererie. Islup | | | , | | |
| CITY-ST-ZIP | ORLANDO, FL 328064005 | | | | -ST-ZIP | 0 4 | LLANDO F | 32806. | 2004 | | | | |
| TILLE | SD | | ☐ Delete | TITLE | | | | | · · · · | (2) Change | Addition | | |
| STREET ADDRESS | SMITH, DANIEL B 1605 ASHER LN | | | NAM | ET ADORESS | 5m | D ITH, DAN S ASHE | ພ <u>າ</u> ∟ ໃຈ. • "ປະຊຸມຂົ— | | | _ | | |
| CITY-ST-ZIP | ORLANDO, FL 328031825 | | | | ST-ZIP | | | 32803- | 875 | | I | | |
| TITLE | PD | _ | ☐ Deleta | IIILE | | | | 20003- | | ☐ Change | Addition | | |
| NAME CONCET ADDRESS | BARR, TOM | | | NAME | | | | | | | | | |
| STREET ADDRESS City-St-Zip | 1835 TEMPLE DR WINTER PARK, FL 32789 | | | | ET ADDRESS ST-ZIP | | | | | | | | |
| TITLE | · · · · · · · · · · · · · · · · · · · | | ☐ Detete | IIILE | | | | | | ☐ Change | Addition | | |
| NAME | | | | NAME | | | | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | | ET ADORESS ST-ZIP | | | | | | | | |
| 12. I hereby o | ertify that the information supplied with | this filing | does not qualify for | the exer | rentiran stat | ed in Sec | tion 119 07/3Va | Florida Statutan | further and | tily that the | information | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Floride Statutes, I further certify that the information indicated on this report or supplied finital 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 of trustee empowered to execute this report as required by Chapter 617, Floride 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 impowered. | | | | | | | | | | | | | |
| SIGNATURE: 407- 848.4425 | | | | | | | | | | | | | |

440/0662

FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

January 26, 2004

WINTER PARK SUNRISE KIWANIS CLUB FOUNDATION, INC. PO BOX 1573

WINTER PARK_FL 32790-1573 US

SUBJECT: WINTER PARK SUNRISE KIWANIS CLUB FOUNDATION, INC.

Ref. Number: N93000003284

We have received your document for WINTER PARK SUNRISE KIWANIS CLUB FOUNDATION, INC. and check(s) totaling \$183.75. However, your check(s) and document are being returned for the following:

Due to the volume of mail we receive, the check and annual reports must be received together. Please fill out the enclosed annual reports and return them with the attached check.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers Document Specialist

Letter Number: 004A00004373



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

January 27, 2004

WINTER PARK SUNRISE KIWANIS CLUB FOUNDATION, INC. PO BOX 1573
WINTER PARK, FL 32790-1573 US

Subject: WINTER PARK/SUNRISE KIWANIS CLUB FOUNDATION, INC.

Reference Number:

N93000003284\

Please be advised, we have received your annual report/uniform business report; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The fee to file the enclosed nonprofit annual report/uniform business report is \$61.25. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CC

ANNUAL REPORTS SECTION