

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003284

FILED  
Mar 01, 2005  
Secretary of State

**Entity Name:** WINTER PARK SUNRISE KIWANIS CLUB FOUNDATION, INC.

**Current Principal Place of Business:**

PO BOX 1573  
WINTER PARK, FL 327901573 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1573  
WINTER PARK, FL 327901573 US

**New Mailing Address:**

**FEI Number:** 59-3193006

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SMITH, DANIEL D  
1605 ASHER LANE  
ORLANDO, FL 328031825 US

**Name and Address of New Registered Agent:**

SMITH, DANIEL B  
1605 ASHER LANE  
ORLANDO, FL 328031825 US

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: DANIEL B. SMITH

03/01/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: COUGHLIN, DANIEL M  
Address: 980 VIRGINIA DR.  
City-St-Zip: WINTER PARK, FL 32789

Title: D ( ) Delete  
Name: CLARK, WILLIAM D  
Address: 2017 KEWANNEE TRL  
City-St-Zip: CASSELBERRY, FL 327075614

Title: D ( ) Delete  
Name: MELANSON, ROBERT G  
Address: 510 AVALON BLVD.  
City-St-Zip: ORLANDO, FL 328064005

Title: STD ( ) Delete  
Name: SMITH, DANIEL P  
Address: 1605 ASHER LANE  
City-St-Zip: ORLANDO, FL 328031825

Title: PD (X) Delete  
Name: BARR, TOM  
Address: 1835 TEMPLE DR  
City-St-Zip: WINTER PARK, FL 32789

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: OTTINGER, ROBERT J  
Address: 1249 SARA COURT  
City-St-Zip: WINTER PARK, FL 32789

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: STD (X) Change ( ) Addition  
Name: SMITH, DANIEL B  
Address: 1605 ASHER LANE  
City-St-Zip: ORLANDO, FL 328031825

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL B. SMITH

R.A

03/01/2005

Electronic Signature of Signing Officer or Director

Date