

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90021 018 ****61.25

DOCUMENT # N93000003284

1. Entity Name

WINTER PARK SUNRISE KIWANIS CLUB FOUNDATION, INC.



Principal Place of Business

PO BOX 1573
WINTER PARK FL 32790-1573
US

Mailing Address

PO BOX 1573
WINTER PARK FL 32790-1573
US

2. Principal Place of Business

980 Virginia Dr
Winter Park

3. Mailing Address

Suite, Apt. #, etc.

City & State

Winter Park

City & State

Zip

Country

32789

Country

ORANGE

Zip

Country

4. FEI Number

59-3193006

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/05)

6. Name and Address of Current Registered Agent

SMITH, DANIEL B
1605 ASHER LANE
ORLANDO FL 32803-1825

Daniel McCoughlin Jr
980 Virginia Dr
Winter Park FL
32789

7. Name and Address of New Registered Agent

Name **Daniel M Coughlin Jr**

Street Address (P.O. Box Number is Not Acceptable)

980 Virginia Dr

City

Winter Park

FL

Zip Code

32789

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

Daniel M Coughlin Jr

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **COUGHLIN, DANIEL M**
STREET ADDRESS **980 VIRGINIA DR.**
CITY - ST - ZIP **WINTER PARK FL 32789**

TITLE **D** ☐ Delete
NAME **OTTINGER, ROBERT J**
STREET ADDRESS **1249 SARA COURT**
CITY - ST - ZIP **WINTER PARK FL 32789**

TITLE **D** ☒ Delete
NAME **MELANSON, ROBERT G**
STREET ADDRESS **510 AVALON BLVD.**
CITY - ST - ZIP **ORLANDO FL 32806-4005**

TITLE **STD** ☒ Delete
NAME **SMITH, DANIEL B**
STREET ADDRESS **1605 ASHER LANE**
CITY - ST - ZIP **ORLANDO FL 32803-1825**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Daniel M Coughlin Jr

3/28/06

407-599-4159