# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 13, 2006**
**Secretary of State**

DOCUMENT# N94000001516

**Entity Name:** KIWANIS CLUB COLOMBIA-U.S.A. FOUNDATION, INC.

**Current Principal Place of Business:**

PO BOX 43-0748
SOUTH MIAMI, FL 33243 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 43-0748
SOUTH MIAMI, FL 33243 US

**New Mailing Address:**

**FEI Number: 65-0589413** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

VELANDIA, WILSON
6065 NW 167ST B15
MIAMI LAKES, FL 33015 US

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

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: _____

Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | D | ( ) Delete |
| Name: | BARROS, PIEDAD | |
| Address: | 1538 BIRD ROAD | |
| City-St-Zip: | CORAL GABLES, FL 33146 | |
| Title: | D | ( ) Delete |
| Name: | VELANDIA, MERCY | |
| Address: | P.O. BOX 430748 | |
| City-St-Zip: | SOUTH MIAMI, FL 33243 | |
| Title: | P | ( ) Delete |
| Name: | VELANDIA, WILSON | |
| Address: | 6065 NW 167 ST. #B15 | |
| City-St-Zip: | MIAMI LAKES, FL 33015 | |
| Title: | SD | ( ) Delete |
| Name: | CANON, GLORIA T | |
| Address: | P.O. BOX 430748 | |
| City-St-Zip: | SOUTH MIAMI, FL 33243 | |
| Title: | TD | ( ) Delete |
| Name: | GIRALDO, MARIA C | |
| Address: | P.O. BOX 430748 | |
| City-St-Zip: | SOUTH MIAMI, FL 33243 | |
| Title: | D | ( ) Delete |
| Name: | LOZANO, ANTENOR | |
| Address: | P.O. BOX 430748 | |
| City-St-Zip: | SOUTH MIAMI, FL 33243 | |

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

| | | |
|---|---|---|
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | SD | (X) Change ( ) Addition |
| Name: | GIRALDO, CRISTINA | |
| Address: | P.O. BOX 430748 | |
| City-St-Zip: | SOUTH MIAMI, FL 33243 | |
| Title: | TD | (X) Change ( ) Addition |
| Name: | CABALLERO, MARY A | |
| Address: | P.O. BOX 430748 | |
| City-St-Zip: | SOUTH MIAMI, FL 33243 | |
| 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 Chapter 119, 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: MARY CABALLERO TD 01/13/2006

Electronic Signature of Signing Officer or Director Date