

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001707

FILED
Jul 25, 2004
Secretary of State**Entity Name:** KIWANIS CLUB OF GREATER BRANDON FOUNDATION, INC.**Current Principal Place of Business:**2208 CHEROKEE TRAIL
VALRICO, FL 33594 US**New Principal Place of Business:**5930 JAEGERGLEN DRIVE
LITHIA, FL 33547 US**Current Mailing Address:**P. O. BOX 581
BRANDON, FL 335090581 US**New Mailing Address:****FEI Number:** 59-3374183**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ANTROSS, RICHARD
2208 CHEROKEE TRAIL
VALRICO, FL 33594**Name and Address of New Registered Agent:**BEST, CHRISTIE L
5930 JAEGERGLEN DRIVE
LITHIA, FL 33547

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: CHRISTIE L BEST

07/25/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** S () Delete
Name: ANTROSS, RICHARD
Address: 2208 CHEROKEE TRAIL
City-St-Zip: VALRICO, FL 33594**Title:** D () Delete
Name: MCKENNEY, J.WAYNE
Address: 1013 WINCHESTER LN
City-St-Zip: VALRICO, FL 33594**Title:** D () Delete
Name: JENKINS, EDDIE L
Address: 2712 BRIAR PATCH
City-St-Zip: VALRICO, FL 33594**Title:** D () Delete
Name: SCHEUER, GARRY
Address: 3438 YALE CR
City-St-Zip: RIVERVIEW, FL 33569**Title:** D () Delete
Name: WOOD, RALPH N
Address: PO BOX 2193
City-St-Zip: BRANDON, FL 335092193**Title:** D () Delete
Name: POWELL, JIM
Address: 2008 CARRY RD
City-St-Zip: VALRICO, FL 33594**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** S (X) Change () Addition
Name: BEST, CHRISTIE L
Address: 5930 JAEGERGLEN DRIVE
City-St-Zip: LITHIA, FL 33547 US**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:** () Change () Addition
Name:
Address:
City-St-Zip:**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: CHRISTIE L BEST

S

07/25/2004

Electronic Signature of Signing Officer or Director

Date