

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 05, 2006 8:00 am**  
**Secretary of State**

07-05-2006 90002 037 \*\*\*\*61.25

**DOCUMENT # N94000001707**

1. Entity Name  
**KIWANIS CLUB OF GREATER BRANDON FOUNDATION, INC.**



Principal Place of Business  
**5930 JAEGERGLEN DRIVE  
LITHIA, FL 33547 US**

Mailing Address  
**P. O. BOX 581  
BRANDON, FL 33509-0581 US**

**40097864**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06212006 Chg-NP CR2E037 (4/06)

City & State

City & State

4. FEI Number  
**59-3374183**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BEST, CHRISTIE L  
5930 JAEGERGLEN DRIVE  
LITHIA, FL 33547**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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 *Christie L Best*

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

(NOTE: Registered Agent signature required when reinstating)

*6-01-06*

DATE

**Filing Fee is \$61.25  
Due by September 6, 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 **S** ☐ Delete  
NAME **BEST, CHRISTIE L**  
STREET ADDRESS **5930 JAEGERGLEN DRIVE**  
CITY-ST-ZIP **LITHIA, FL 33547**

TITLE **D** ☒ Delete  
NAME **CASE, ROBERT**  
STREET ADDRESS **2212 HERITAGE CREST DR.**  
CITY-ST-ZIP **VALRICO, FL 33594**

TITLE **D** ☐ Delete  
NAME **JENKINS, EDDIE L**  
STREET ADDRESS **2712 BRIAR PATCH**  
CITY-ST-ZIP **VALRICO, FL 33594**

TITLE **PE** ☒ Delete  
NAME **KRAFT, CYNTHIA**  
STREET ADDRESS **2209 WHITNEY PLACE**  
CITY-ST-ZIP **VALRICO, FL 33594**

TITLE **D** ☐ Delete  
NAME **SOTO, CARLOS**  
STREET ADDRESS **5705 EAGLE POINT PL.**  
CITY-ST-ZIP **LITHIA, FL 33547**

TITLE **D** ☐ Delete  
NAME **POWELL, JIM**  
STREET ADDRESS **2008 CARRY RD**  
CITY-ST-ZIP **VALRICO, FL 33594**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRES** ☐ Change ☒ Addition  
NAME **Dustie Amato**  
STREET ADDRESS **10340 Ashley Oaks Dr**  
CITY-ST-ZIP **Riverview, FL 33569**

TITLE **P** ☐ Change ☒ Addition  
NAME **Susan Salmeron**  
STREET ADDRESS **764 Burlwood St**  
CITY-ST-ZIP **Brandon, FL 33511**

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

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

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

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 Chapter 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: *Christie L Best*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*6-6-06*

Date

*813-6557614*

Daytime Phone #