

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 31, 2006 8:00 am**  
**Secretary of State**

07-31-2006 90001 030 \*\*\*\*70.00

**DOCUMENT # N94000003451**

1. Entity Name  
**THE KIWANIS HORSES FOR HANDICAPPED  
FOUNDATION OF PINELLAS COUNTY, INC.**



Principal Place of Business  
**1001 STARKEY ROAD  
STE 73  
LARGO, FL 33771 US**

Mailing Address  
**1001 STARKEY ROAD  
STE 73  
LARGO, FL 33771 US**

**50023321**



2. Principal Place of Business  
**9569 117TH ST.**

3. Mailing Address  
**9569 117TH ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07212006 Chg-NP CR2E037 (4/06)

City & State  
**SEMINOLE, FL**

City & State  
**SEMINOLE, FL**

4. FEI Number  
**59-3259486**

Applied For  
Not Applicable

Zip Country  
**33772 PINELLAS**

Zip Country  
**33772 PINELLAS**

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

## 6. Name and Address of Current Registered Agent

**HARRIS, DONALD S  
1001 STARKEY ROAD  
LARGO, FL 33771**

## 7. Name and Address of New Registered Agent

Name **MAUS, ROBERT**

Street Address (P.O. Box Number is Not Acceptable)  
**9569 117TH ST**

City **SEMINOLE** FL Zip Code **33772**

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 *Robert Maus*  
Signature, typed or printed name of registered agent and title if applicable.

**ROBERT MAUS, PRESIDENT 7/24/06**  
(NOTE: Registered Agent signature required when reinstating) 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	VP	<input type="checkbox"/> Delete
NAME	<b>MAUS, ROBERT</b>	
STREET ADDRESS	<b>9569 117 ST N</b>	
CITY-ST-ZIP	<b>SEMINOLE, FL 33772</b>	
TITLE	VP	<input type="checkbox"/> Delete
NAME	<b>DABROWSKI, PETER</b>	
STREET ADDRESS	<b>117 N. BUENA VISTA</b>	
CITY-ST-ZIP	<b>DUNEDIN, FL 33764</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>BRYAN, MIKE</b>	
STREET ADDRESS	<b>11959 84TH AVE</b>	
CITY-ST-ZIP	<b>SEMINOLE, FL 33772</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>HARRIS, PATRICIA L</b>	
STREET ADDRESS	<b>1001 STARKEY RD LOT 73</b>	
CITY-ST-ZIP	<b>LARGO, FL 33771</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>LYONS, JACQUELYN</b>	
STREET ADDRESS	<b>7701 STARKEY ROAD</b>	
CITY-ST-ZIP	<b>SEMINOLE, FL 33777</b>	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	<b>LANGEBRAKE, BETH</b>	
STREET ADDRESS	<b>12908 LOIS AVE</b>	
CITY-ST-ZIP	<b>SEMINOLE, FL 33772</b>	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUCHANAN, CINDY</b>	
STREET ADDRESS	<b>10271 129TH TER</b>	
CITY-ST-ZIP	<b>LARGO, FL 33773</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RAYMOND, WAYNE</b>	
STREET ADDRESS	<b>8257 FOREST CIR</b>	
CITY-ST-ZIP	<b>SEMINOLE, FL 33776</b>	

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: *Wayne A. Raymond* **WAYNE A. RAYMOND, TREASURER 7/24/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-742-5914