

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003451

FILED  
May 30, 2007  
Secretary of State

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

**Current Principal Place of Business:**

9569 117TH ST.  
SEMINOLE, FL 33772 US

**New Principal Place of Business:**

**Current Mailing Address:**

9569 117TH ST.  
SEMINOLE, FL 33772 US

**New Mailing Address:**

P.O. BOX 3748  
SEMINOLE, FL 33775 US

**FEI Number:** 59-3259486 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

MAUS, ROBERT  
9569 117TH ST.  
SEMINOLE, FL 33772 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: P ( ) Delete  
Name: MAUS, ROBERT  
Address: 9569 117 ST N  
City-St-Zip: SEMINOLE, FL 33772

Title: D ( ) Delete  
Name: DABROWSKI, PETER  
Address: 117 N. BUENA VISTA  
City-St-Zip: DUNEDIN, FL 33764

Title: D ( ) Delete  
Name: HARRIS, PATRICIA L  
Address: 1001 STARKEY RD LOT 73  
City-St-Zip: LARGO, FL 33771

Title: TD ( ) Delete  
Name: LANGEBRAKE, BETH  
Address: 12908 LOIS AVE  
City-St-Zip: SEMINOLE, FL 33772

**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: TD (X) Change ( ) Addition  
Name: RAYMOND, WAYNE  
Address: 8257 FOREST CIRCLE  
City-St-Zip: SEMINOLE, FL 33776

I hereby certify that the information supplied with this filing does not qualify 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: WAYNE A. RAYMOND

TD

05/30/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date