

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003451

FILED
Apr 16, 2009
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:

P.O. BOX 3748
SEMINOLE, FL 33775 US

New Mailing Address:

FEI Number: 59-3259486 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

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: DS () Delete
Name: DUART, LINDA
Address: 9741 125TH ST
City-St-Zip: SEMINOLE, FL 33772

Title: TD () Delete
Name: RAYMOND, WAYNE
Address: 8257 FOREST CIRCLE
City-St-Zip: SEMINOLE, FL 33776

Title: D () Delete
Name: STARMAN, LOUIS
Address: 6567 SAHARA DR #260
City-St-Zip: LARGO, FL 33777

Title: D () Delete
Name: BYRAN, MICHAEL
Address: 11959 84TH AVE N
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:

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Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

04/16/2009

Electronic Signature of Signing Officer or Director

Date