

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000003291

1. Entity Name
CENTRAL ORLANDO KIWANIS CLUB FOUNDATION, INC.



Principal Place of Business
2617 OVERLAKE AVENUE
ORLANDO, FL 32806 US

Mailing Address
2617 OVERLAKE AVENUE
ORLANDO, FL 32806 US



01062005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3456625

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BUCHANN, JAMES F
2617 OVERLAKE AVENUE
ORLANDO, FL 32806

**DO NOT WRITE
IN THIS SPACE**

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 James F. Buchann
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/7/05
DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DS
NAME	WALDRON, ERIC
STREET ADDRESS	1701 CLOUSER AVE.
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	DT
NAME	BUCHAN, JAMES F
STREET ADDRESS	2617 OVERLAKE AVE
CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	DP
NAME	DENTZ, JOE
STREET ADDRESS	2505 W LAKE MARY
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	DP
NAME	PERRONI, ROCKY
STREET ADDRESS	32 CORAL WAY
CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	D
NAME	SALVAGE, COLLEEN
STREET ADDRESS	3936 SEMORAN BLVD
CITY-ST-ZIP	ORLANDO, FL 32822
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/10/05-80093-003 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: James F. Buchann James F. Buchann

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/05

Date

407-855-6893

Daytime Phone #