

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)

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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

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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 DATE: 1/7/05
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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 01/10/05-80093-003 61.25

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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 DATE: 1/7/05 Daytime Phone #: 407-855-6893
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR