

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90258 022 ****61.25

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		
2. Principal Place of Business - No P.O. Box # 1140 LAKE WILLISARA CR		3. Mailing Address 1140 LAKE WILLISARA CR			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State ORLANDO, FL		City & State ORLANDO, FL		4. FEI Number 59-3456625	
Zip 32806		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BUCHANN, JAMES F 2617 OVERLAKE AVENUE ORLANDO, FL 32806			7. Name and Address of New Registered Agent Name <u>KREMP, BERT F.</u> Street Address (P.O. Box Number is Not Acceptable) <u>1140 LAKE WILLISARA CR</u> City <u>ORLANDO</u> <u>FL</u> Zip Code <u>32806</u>		
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 <u>Bert F. Kemp</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>1/16/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE DS NAME WALDRON, ERIC STREET ADDRESS 1701 CLOUSER AVE. CITY-ST-ZIP ORLANDO, FL 32804	<input checked="" type="checkbox"/> Delete		TITLE DS NAME PERRONI, ROCKY STREET ADDRESS 32 CORAL WAY CITY-ST-ZIP WINTER SPRINGS, FL 32708	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DT NAME BUCHAN, JAMES F STREET ADDRESS 2617 OVERLAKE AVE CITY-ST-ZIP ORLANDO, FL 32806	<input checked="" type="checkbox"/> Delete		TITLE DT NAME KREMP, BERT F. STREET ADDRESS 1140 LAKE WILLISARA CR CITY-ST-ZIP ORLANDO, FL 32806	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE DP NAME DENTZ, JOE STREET ADDRESS 2505 W LAKE MARY CITY-ST-ZIP LAKE MARY, FL 32746	<input checked="" type="checkbox"/> Delete		TITLE D NAME HENDRYX, HOWARD STREET ADDRESS 2418 TIMBERLINE DR. CITY-ST-ZIP WINTER PARK, FL 32792	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE DP NAME PERRONI, ROCKY STREET ADDRESS 32 CORAL WAY CITY-ST-ZIP WINTER SPRINGS, FL 32708	<input checked="" type="checkbox"/> Delete		TITLE D NAME SHANGA, IRWIN STREET ADDRESS 3419 VENICE DR CITY-ST-ZIP ORLANDO, FL 32806	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME SALVAGE, COLLEEN STREET ADDRESS 3936 SEMORAN BLVD CITY-ST-ZIP ORLANDO, FL 32822	<input checked="" type="checkbox"/> Delete		TITLE D NAME HOWARD, KEY STREET ADDRESS 419 SEYMOUR CT CITY-ST-ZIP OVIEDO, FL 32765	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE D NAME BUCHAN, JAMES F. STREET ADDRESS 2617 OVERLAKE AVE CITY-ST-ZIP ORLANDO, FL 32806	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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: <u>Bert F. Kemp</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>1/16/07</u> DAYTIME PHONE # <u>407-426-9501</u>		