

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90016 042 ****61.25

DOCUMENT # N97000004519

1. Entity Name

KIWANIS CLUB OF NORTH LAKELAND FOUNDATION, INC.



Principal Place of Business

**439 HEATHERPOINT DRIVE
LAKELAND FL 33809**

Mailing Address

**439 HEATHERPOINT DRIVE
LAKELAND FL 33809**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3489029

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/05)



6. Name and Address of Current Registered Agent

**WAIBEL, JIM
439 HEATHERPOINT DRIVE
LAKELAND FL 33809**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW: FEE IS \$61.25
Due By: May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **TD** ☐ Delete
NAME **WAIBEL, MARGARET**
STREET ADDRESS **439 HEATHERPOINT**
CITY-ST-ZIP **LAKELAND FL 33809**

TITLE **D** ☐ Delete
NAME **ENGLISH, JACK**
STREET ADDRESS **8923 LORI LANE**
CITY-ST-ZIP **LAKELAND FL 33809**

TITLE **SD** ☐ Delete
NAME **RAMOS, DAVID**
STREET ADDRESS **1543 LAKELAND HILLS BLVD**
CITY-ST-ZIP **LAKELAND FL 33805**

TITLE **D** ☐ Delete
NAME **STOER, RICK**
STREET ADDRESS **4105 DERBY DRIVE**
CITY-ST-ZIP **LAKELAND FL 33809**

TITLE **D** ☒ Delete
NAME **WILLIAMS, KEN**
STREET ADDRESS **2185 LONG LEAF CIRCLE**
CITY-ST-ZIP **LAKELAND FL 33810**

TITLE **D** ☐ Delete
NAME **HARWELL, DOUG**
STREET ADDRESS **3202 SILVER FOX PATH**
CITY-ST-ZIP **LAKELAND FL 33809**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **Crowder, Rob.**
STREET ADDRESS **5509 LaPoint Dr.**
CITY-ST-ZIP **Lakeland Fla. 33809**

TITLE **D** ☐ Change ☒ Addition
NAME **Crowder, Mary**
STREET ADDRESS **5509 LaPoint Dr**
CITY-ST-ZIP **Lakeland, FL 33809.**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Margaret Waibel*

1/24/06

853-858-0768