

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004519

FILED  
Feb 19, 2009  
Secretary of State

**Entity Name:** KIWANIS CLUB OF NORTH LAKE LAND FOUNDATION, INC.

**Current Principal Place of Business:**

439 HEATHERPOINT DRIVE  
LAKE LAND, FL 33809

**New Principal Place of Business:**

**Current Mailing Address:**

439 HEATHERPOINT DRIVE  
LAKE LAND, FL 33809

**New Mailing Address:**

**FEI Number:** 59-3489029

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WAIBEL, JIM  
439 HEATHERPOINT DRIVE  
LAKE LAND, FL 33809 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: TD ( ) Delete  
Name: WAIBEL, MARGARET  
Address: 439 HEATHERPOINT  
City-St-Zip: LAKE LAND, FL 33809

Title: D ( ) Delete  
Name: ENGLISH, JACK  
Address: 8923 LORI LANE  
City-St-Zip: LAKE LAND, FL 33809

Title: SD ( ) Delete  
Name: RAMOS, DAVID  
Address: 1543 LAKE LAND HILLS BLVD  
City-St-Zip: LAKE LAND, FL 33805

Title: D ( ) Delete  
Name: STOER, RICK  
Address: 4105 DERBY DRIVE  
City-St-Zip: LAKE LAND, FL 33809

Title: D ( ) Delete  
Name: CROWDER, MARY  
Address: 5509 LA POINT DR  
City-St-Zip: LAKE LAND, FL 33809

Title: D ( ) Delete  
Name: HARWELL, DOUG  
Address: 3202 SILVER FOX PATH  
City-St-Zip: LAKE LAND, FL 33809

**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:

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

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

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: DAVID RAMOS

SD

02/19/2009

Electronic Signature of Signing Officer or Director

Date