

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2004 8:00 am**  
**Secretary of State**

01-23-2004 90021 026 \*\*\*\*70.00

**DOCUMENT # N97000006235**

**1. Entity Name**  
**THE KIWANIS CLUB OF OVIEDO-WINTER SPRINGS, INC.**



**Principal Place of Business**  
890 NORTHERN WAY, SUITE A1  
WINTER SPRINGS, FL 32708-3880

**Mailing Address**  
PO BOX 196983  
WINTER SPRINGS, FL 32719-6983

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01162004

Chg-NP

CR2E037 (10/03)

**4. FEI Number**  
59-3206515

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**BARNOCKY, JOHN A**  
890 NORTHERN WAY, SUITE A1  
WINTER SPRINGS, FL 32708-3880

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 reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

**TITLE** SV  
**NAME** MARINER, ROBERT W  
**STREET ADDRESS** 1000 PINEHURST COURT  
**CITY-ST-ZIP** OVIEDO, FL 32765 ☐ Delete

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

**TITLE** D  
**NAME** MCLAUGHLIN, CHARLES B JR  
**STREET ADDRESS** 356 TIMBERWOOD COURT  
**CITY-ST-ZIP** OVIEDO, FL 32765 ☒ Delete

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

**TITLE** D  
**NAME** LORLEIN, HAROLD  
**STREET ADDRESS** 196 MICHAEL DR.  
**CITY-ST-ZIP** OVIEDO, FL 32765 ☒ Delete

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

**TITLE** VD  
**NAME** CIPRA, FRANCIS E  
**STREET ADDRESS** 4547 BOND LANE  
**CITY-ST-ZIP** OVIEDO, FL 32765 ☒ Delete

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

**TITLE** D  
**NAME** DOUGOLD, LEITCH  
**STREET ADDRESS** 1030 MAN BUN AVE.  
**CITY-ST-ZIP** OVIEDO, FL 32765 ☒ Delete

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

**TITLE** T  
**NAME** BARNOCKY, JOHN A  
**STREET ADDRESS** 749 ANDOVER CIR.  
**CITY-ST-ZIP** WINTER SPRINGS, FL 32708 ☐ Delete

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

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

*John A. Barnocky* Treasurer 1/19/2004 407-359-1366

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #