## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

| DOCUMENT # N9700006235  1. Entity Name THE KIWANIS CLUB OF OVIEDO-WINTER SPRINGS, INC.   |   |  |  | 01-23-2004 900  | 21 026 ****70.00   |
|--|---|--|--|---|--|
| Principal Place of Business  890 NORTHERN WAY, SUITE A1  WINTER SPRINGS, FL 32708-3880  Mailing Address PO BOX 196983 WINTER SPRINGS, FL 327   |   |  | 32719-6983   |   | VVV&,g   |
| 2 Principal P  | Place of Business   | 2 Mailing Address  | <del></del>  |   |  |
| 2. Principal Place of Business   |   | 3. Mailing Address   |  |   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  | Suite, Apt. #, etc.  |   | CR2E037 (10/03)  |
| City & State   |   | City & State   |  | 4. FEI Number<br>59-3206515   | Applied For Not Applicable   |
| Zip  | Country   | Zip  | Country  | 5. Certificate of Status Desired  | \$8.75 Additional Fee Required   |
| ****   | 6. Name and Address of C  | urrent Registered Agent  |  | 7. Name and Address of New Reg  | istered Agent  |
| BARNOCKY, JOHN A<br>890 NORTHERN WAY, SUITE A1<br>WINTER SPRINGS, FL 32708-3880  |   |  | Street Addres  | eet Address (P.O. Box Number is Not Acceptable)   |  |
| VANALENC   | 5FRINGS, FE 32700-300   | O .  |  |   |  |
|  |   |  | City   |   | FL Zip Code  |
| 8. The above the obligat   | named entity submits this statestions of registered agent.  | ment for the purpose of changing i   | ts registered office or regis  | tered agent, or both, in the State of Florid  | da. I am familiar with, and accept   |
| SIGNATURE :  |   |  |  | -   |  |
| 0.0.0.0.0.0.0.0  | Signature, typed or printed name of register  | red agent and title if applicable (Ni  | TE 6   |   | <del></del>  |
| ಕಾರ್ಚಿಗಳ   | e concention  | DOD A N. W. Office Inc.  | OTE: Registered Agent signature requ   |   | DATE   |
| FIGHT GAL  | Billing Fee is \$61.25  | DOD A N. W. Office Inc.  |  |   | e check payable to e   |
| FIGHT GAL  | Filing Fee is \$61.25<br>Due by May 1, 2004   | Trust Fund   | ampaign Financing  | \$5.00 May Be Mak<br>Added to Fees Florid   | e check payable to   |
| 10. 24 300<br>110. 24 300  | Filing Fee is \$61.25 Due by May 1, 2004  OFFICERS A  | Trust Fund   | ampaign Financing of the Contribution To the Contribution of the C |   | e check payable to   |
| 10. 24 300<br>TITLE 1 2 2 3 3 NAME   | Filing Fee is \$61.25  Due by May 1, 2004  OFFICERS A  SV.  MARINER, ROBERT W   | SUL Trust Fund   | ampaign Financing  | \$5.00 May Be Mak<br>Added to Fees Florid   | te check payable to a Department of State  |
| 10. 24 300<br>110. 24 300  | Filing Fee is \$61.25 Due by May 1, 2004  OFFICERS A  | SUL Trust Fund   | ampaign Financing  | \$5.00 May Be Mak<br>Added to Fees Florid   | te check payable to a Department of State  |
| 10. 24 50  TITLE THE NAME  AND THE TABLE TO THE TABLE TH | Filing Fee Is \$51.25  Due by May 1, 2004  OFFICERS A  SV.  MARINER, ROBERT W  1000 PINEHURST COURT  OVIEDO, FL 32765  D  MCLAUGHLIN, CHARLES   | Su. Cap. Su. Cap. Cap. Su. Cap | ampaign Financing Contribution TITLE NAME STREET ADDRESS   | \$5.00 May Be Man Added to Fees ADDITIONS/CHANGES TO OFFICERS   | e check payable to a Department of State  AND DIRECTORS IN 10  Change Addition   |
| 10. 24 VO<br>TITLE 1 STREET ADDRESS<br>CITY-ST-ZIP   | Filing Fee is \$61.25  Due by May 1, 2004  OFFICERS A  SV  MARINER, ROBERT W  1000 PINEHURST COURT  OVIEDO, FL 32765  D   | Su. Cap. Su. Cap. Cap. Su. Cap | ampaign Financing Contribution TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   | \$5.00 May Be Man Added to Fees ADDITIONS/CHANGES TO OFFICERS  DAVIS JAY B. HANDES TO BE AND BE ADDITIONS AND | e check payable to a Department of State  AND DIRECTORS IN 10  Change Addition  Change Addition  |
| 10. 24 NO  TITLE  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  | Filing Fee is \$61.25  Due by May 1, 2004  SV  MARINER, ROBERT W  1000 PINEHURST COURT  OVIEDO, FL 32765  D  MCLAUGHLIN, CHARLES  356 TIMBERWOOD COUL  OVIEDO, FL 32765  D  | Su. Cap. Su. Cap. Cap. Su. Cap | ampaign Financing Contribution TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE  | \$5.00 May Be Man Added to Fees ADDITIONS/CHANGES TO OFFICERS  DAVIS JAY B. WHTO GABVIELL  WINTER PARK  | e check payable to a Department of State  AND DIRECTORS IN 10  Change Addition   |
| 10. 22 NO  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP   | Filing Fee is \$61.25  Due by May 1, 2004  SV  MARINER, ROBERT W  1000 PINEHURST COURT  OVIEDO, FL 32765  D  MCLAUGHLIN, CHARLES  356 TIMBERWOOD COUL  OVIEDO, FL 32765   | Su. Clection C Qualification C | ampaign Financing Contribution:  1112 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  | S5.00 May Be Man Added to Fees 1 Florid ADDITIONS/CHANGES TO OFFICERS  DAVIS JAY B.  HATT GABNIELL  LONGLD KATA   | e check payable to a Department of State  AND DIRECTORS IN 10  Change Addition  Change Addition  AND Change Addition  AND Change AND  |
| 10. 24 50  TITLE 1 10 CONTROL OF THE 1 10 CONT | Filing Fee is \$51.25  Due by May 1, 2004  SV.  MARINER, ROBERT W  1000 PINEHURST COURT  OVIEDO, FL 32765  D  MCLAUGHLIN, CHARLES 356 TIMBERWOOD COUI  OVIEDO, FL 32765  D  LORLEIN, HAROLD  196 MICHAEL DR.  OVIEDO, FL 32765  | SU. CO. Trust Function C Co. Trust Function C Co. St. Trust Function C  | ampaign Financing Contribution: 19 5 5 5 1 11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS  | \$5.00 May Be Man Added to Fees ADDITIONS/CHANGES TO OFFICERS  DAVIS JAY B. WHTO GABVIELL  WINTER PARK  | e check payable to a pepartment of State a Department of State a D |
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12. I hereby certify that the information supplied with this liling does not qualify for the exemption stated in Section 119.0/(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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-1-9/2000 - 401-559-1-3