

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90057 043 \*\*\*\*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

50030308



2. Principal Place of Business

985 Oak DR  
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

03212005 Chg-NP CR2E037 (10/03)

City & State

Oviedo FL

City & State

Oviedo FL

Zip

32765

Country

Zip

Country

4. FEI Number  
59-3206515

Applied For  
Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name BARNOCKY, JOHN A SR

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

985 Oak DR

City

Oviedo

FL

Zip Code

32765

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

*John A Barnocky*

3/21/2005

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, 2005

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

TITLE S  
NAME DAVIS, JAY B  
STREET ADDRESS 4477 GABRIELLA LN  
CITY-ST-ZIP WINTER PARK, FL 32792 ☐ Delete

TITLE D  
NAME MCDONALD, KATHY  
STREET ADDRESS 653 VALLEY STREAM DR.  
CITY-ST-ZIP GENEVA, FL 32732 ☐ Delete

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE S/T ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE P ☒ Change ☐ Addition  
NAME BARNOCKY, JOHN A SR  
STREET ADDRESS 985 Oak DR  
CITY-ST-ZIP Oviedo FL 32765

TITLE D ☐ Change ☒ Addition  
NAME Dougald Leitch  
STREET ADDRESS 1030 Manzanilla Ave  
CITY-ST-ZIP Oviedo FL 32765

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 an other like empowered.

SIGNATURE:

*John A Barnocky*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 3/21/05 407-354-5239

Date

Daytime Phone #