

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90246 038 \*\*\*\*70.00

**DOCUMENT # N97000006235**

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



Principal Place of Business  
**985 OAK DR  
OVIEDO, FL 32765**

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

**60002613**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

0112006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
**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 Current Registered Agent

7. Name and Address of New Registered Agent

**BARNOCKY, JOHN A SR**  
**985 OAK DR**  
**OVIEDO, FL 32765**

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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**RATHY, McDONALD** ☐ Change ☒ Addition  
**653 VALLEY STREAM DR**  
**GENEVA FL 32732**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T JAY B. DAVIS** ☐ Change ☒ Addition  
**4477 GABRIELLA LN**  
**WINTER PARK FL 32792**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Gene LEONARD** ☐ Change ☒ Addition  
**145 NORTH SHORE CIR**  
**CASSEL BERRY FL 32707**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P** ☒ Delete  
**BARNOCKY, JOHN A SR**  
**985 OAK DR**  
**OVIEDO, FL 32765**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DOUGALD LEITCH** ☐ Change ☒ Addition  
**1030 MANSON AVE**  
**OVIEDO FL 32765**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D** ☒ Delete  
**LEITCH, DOUGALD**  
**1030 MANSON AVE**  
**OVIEDO, FL 32765**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**John A Barnocky SR** ☐ Change ☒ Addition  
**985 OAK DR**  
**OVIEDO FL 32765**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Delete

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

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

**G. OSWALD Kathy McDonald 1/12/06 407-349-0757**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #