

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2007 8:00 am
Secretary of State

01-30-2007 90008 017 ****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		
2. Principal Place of Business - No P.O. Box # 1030 Manigan Ave		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Oviedo, FL		City & State		4. FEI Number 59-3206515	
Zip 32765		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARNOCKY, JOHN A SR 985 OAK DR OVIEDO, FL 32765			7. Name and Address of New Registered Agent Name: <u>Katherin Leitch</u> Street Address (P.O. Box Number is Not Acceptable): <u>1030 Manigan Ave</u> City: <u>Oviedo</u> <u>FL</u> Zip Code: <u>32765</u>		
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: <u>Katherin Leitch</u> <u>Katherin Leitch Secretary/Treasurer</u> <u>1/26/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
DAVIS, JAY B 4477 GABRIELLA LN WINTER PARK, FL 32792					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete				
P MCDONALD, KATHY 653 VALLEY STREAM DR. GENEVA, FL 32732					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete				
D BARNOCKY, JOHN A SR 985 OAK DR OVIEDO, FL 32765					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete				
S LEONARD, GENE 145 NORTH SHORE CIR CASSELBERRY, FL 32707					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
D LEITCH, DOUGLAD 2030 MANGAN AVE OVIEDO, FL 32765					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
D LEITCH, DOUGLAD 2030 MANGAN AVE OVIEDO, FL 32765					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
P					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
S/T Katherin Leitch 1030 Manigan Ave Oviedo, FL 32765					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
D Terry Vargo 156 Geneva Drive Oviedo, FL 32765					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
D Scott Walsh 1885 Shadow Pine Ct Oviedo, FL 32766					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
D Fran Mullin P.O. Box 621057 Oviedo, FL 32762					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Katherin Leitch</u> <u>Katherin Leitch</u> <u>1/26/07</u> <u>407-463-2285</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					