

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90063 039 \*\*\*\*70.00

**DOCUMENT # N97000006235**

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



Principal Place of Business  
**1030 MANIGAN AVE  
OVIEDO, FL 32765**

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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04092008

Chg-NP

CR2E037 (12/06)

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

**LEITCH, KATHERIN  
1030 MANIGAN AVE  
OVIEDO, FL 32765**

7. Name and Address of New Registered Agent

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, 2008**

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

TITLE ST ☐ Delete  
NAME LEITCH, KATHERIN  
STREET ADDRESS 1030 MANIGAN AVE  
CITY-ST-ZIP OVIEDO, FL 32765

TITLE D ☒ Delete  
NAME VARGO, TERRY  
STREET ADDRESS 156 GENEVA DR  
CITY-ST-ZIP OVIEDO, FL 32765

TITLE D ☐ Delete  
NAME WALSH, SCOTT  
STREET ADDRESS 1885 SHADOW PINE CT.  
CITY-ST-ZIP OVIEDO, FL 32766

TITLE D ☒ Delete  
NAME LEITCH, DOUGLAD  
STREET ADDRESS 2030 MANGAN AVE  
CITY-ST-ZIP OVIEDO, FL 32765

TITLE D ☐ Delete  
NAME MULLIN, FRAN  
STREET ADDRESS P.O. BOX 621057  
CITY-ST-ZIP OVIEDO, FL 32762

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President ☒ Change ☒ Addition  
NAME Gene Leonard  
STREET ADDRESS 221 Odham Dr.  
CITY-ST-ZIP Sanford, FL 32773

TITLE Asst. Secretary-Treasurer ☐ Change ☒ Addition  
NAME John Burnocky  
STREET ADDRESS 985 Oak Drive  
CITY-ST-ZIP Oviedo, FL 32765

TITLE Director ☐ Change ☒ Addition  
NAME Kathleen McDonald  
STREET ADDRESS 653 Valley Stream Drive  
CITY-ST-ZIP Geneva, FL 32732

TITLE Director ☐ Change ☒ Addition  
NAME Tina Lyon  
STREET ADDRESS 120 Crown Colony Way  
CITY-ST-ZIP Sanford, FL 32771

TITLE Director ☐ Change ☒ Addition  
NAME David Metz  
STREET ADDRESS 2939 Spring Heather Place  
CITY-ST-ZIP Chuluota, FL 32766

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 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 *Kath Hargreaves*

Date *4/9/08* 407-463-2285