

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006235

FILED  
Jan 22, 2009  
Secretary of State

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

**Current Principal Place of Business:**

1030 MANIGAN AVE  
OVIEDO, FL 32765

**New Principal Place of Business:**

985 OAK DR  
OVIEDO, FL 32765

**Current Mailing Address:**

PO BOX 196983  
WINTER SPRINGS, FL 327196983

**New Mailing Address:**

**FEI Number:** 59-3206515      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

LEITCH, KATHERIN  
1030 MANIGAN AVE  
OVIEDO, FL 32765      US

**Name and Address of New Registered Agent:**

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

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.

SIGNATURE: JOHN A. BARNOCKY SR.

01/22/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LEONARD, GENE  
Address: 221 ODHAM DRIVE  
City-St-Zip: SANFORD, FL 32773

Title: ST ( ) Delete  
Name: LEITCH, KATHERIN  
Address: 1030 MANIGAN AVE  
City-St-Zip: OVIEDO, FL 32765

Title: D ( ) Delete  
Name: MCDONALD, KATHLEEN  
Address: 653 VALLEY STREAM DRIVE  
City-St-Zip: GENEVA, FL 32732

Title: D ( ) Delete  
Name: WALSH, SCOTT  
Address: 1885 SHADOW PINE CT.  
City-St-Zip: OVIEDO, FL 32766

Title: D ( ) Delete  
Name: METZ, DAVID  
Address: 2939 SPRING HEATHER PLACE  
City-St-Zip: CHULUOTA, FL 32766

Title: D ( ) Delete  
Name: MULLIN, FRAN  
Address: P.O. BOX 621057  
City-St-Zip: OVIEDO, FL 32762

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: LEITCH, KATHERIN H  
Address: 1030 MANIGAN AVE  
City-St-Zip: OVIEDO, FL 32765

Title: ST (X) Change ( ) Addition  
Name: BARNOCKY, JOHN A SR  
Address: 985 OAK DR  
City-St-Zip: OVIEDO, FL 32765

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: COLEMAN, DALE  
Address: 400 ALEXANDRIA BLVD  
City-St-Zip: OVIEDO, FL 32762

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN A BARNOCKY SR

ST

01/22/2009

Electronic Signature of Signing Officer or Director

Date