2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N9700006235

1. Entity Name



Jan 31, 2003 8:00 am Secretary of State

FILED

01-31-2003 90163 019 ****70.00 THE KIWANIS CLUB OF OVIEDO-WINTER SPRINGS, INC. Mailing Address Principal Place of Business 1000 PINEHURST COURT 1000 PINEHURST COURT 10016831 OVIEDO FL 32765 OVIEDO FL 32765 CHECK HERE IF MAKING CHANGES 4. FEI Number 59-3206515 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired em indle Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARINER, ROBERT W 1000 PINEHURST COURT OVIEDO FL 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 *20.* ? **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition Change ☐ Delete TITLE TITLE MARINER, ROBERT W NAME NAME 1000 PINEHURST COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OVIEDO FL 32765 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE MCLAUGHLIN, CHARLES B JR NAME NAME 356 TIMBERWOOD COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **OVIEDO FL 32765** 🗹 Delete TITLE MARINER, ROBERT W NAME NAME STREET ADDRESS 1000 PINEHURST CT STREET ADDRESS CITY-ST-ZIP **OVIEDO FL 32765** CITY-ST-ZIP ☐ Delete TITLE CIPRA, FRANCIS E NAME NAME STREET ADDRESS STREET ADDRESS 4547 BOND LANE CITY-ST-ZIP CITY-ST-ZIP OVIEDO FL 32765 Addition Delete Change TITLE TITLE SPELSBORG, AL NAME **875 CALAFUT COURT** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE OVIEDO FL 32765

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 any address, with all other like empowered.

STREET ADDRESS

TITLE NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

☐ Delete

Addition

☐ Change