

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2008 8:00 am
Secretary of State

06-04-2008 90004 019 ***461.25

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1. Entity Name
**THE KIWANIS CLUB OF MOUNT DORA FOUNDATION,
INCORPORATED**



Principal Place of Business
**1150 GROVE LN.
MOUNT DORA, FL 32757**

Mailing Address
**1150 GROVE LN.
MOUNT DORA, FL 32757**

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

01212008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3614987

Applied For
Not Applicable

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

**MCCULLOUGH, SCOTT
1150 GROVE LN.
MOUNT DORA, FL 32757**

Name **Tommy E. Stephens**

Street Address (P.O. Box Number is Not Acceptable)

714 N. Donnelly St

City **MOUNT DORA**

FL

Zip Code
32757

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

Tommy E. Stephens **Tommy E. Stephens** **5-1-08**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **STEPHENS, TOMMY E**
STREET ADDRESS **936 FAIRVIEW AVE**
CITY-ST-ZIP **MOUNT DORA, FL 32757**

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

TITLE **D** ☐ Delete
NAME **STIFFLER, EARL**
STREET ADDRESS **2230 CHASE CT**
CITY-ST-ZIP **MOUNT DORA, FL 32757**

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

TITLE **D** ☐ Delete
NAME **MCCULLOUGH, SCOTT**
STREET ADDRESS **1150 GROVE LN.**
CITY-ST-ZIP **MOUNT DORA, FL 32757**

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

TITLE **D** ☐ Delete
NAME **MENNE, WAYNE**
STREET ADDRESS **31538 ROUND LAKE RD.**
CITY-ST-ZIP **MOUNT DORA, FL 32757**

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

TITLE **D** ☐ Delete
NAME **BEEBE, MERRELL**
STREET ADDRESS **33404 E. LAKE JOANNA DR.**
CITY-ST-ZIP **EUSTIS, FL 32726**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Tommy E. Stephens **Tommy E. Stephens** **5-1-08** **352-514-5635**