2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2009
Secretary of State

DOCUMENT# N99000007024

Entity Name: THE KIWANIS CLUB OF MOUNT DORA FOUNDATION, INCORPORATED

Current Principal Place of Business:

1150 GROVE LN.
MOUNT DORA, FL 32757

New Principal Place of Business:

Current Mailing Address:

1150 GROVE LN.
MOUNT DORA, FL 32757

New Mailing Address:

FEI Number: 59-3614987 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEPHEWS, TOMMY E
714 N DONNELLY ST
MOUNT DORA, FL 32757 US

Name and Address of New Registered Agent:

STEPHENS, TOMMY E
714 N DONNELLY ST
MOUNT DORA, FL 32757 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: TOMMY E. STEPHENS 03/27/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: STEPHENS, TOMMY E
Address: 936 FAIRVIEW AVE
City-St-Zip: MOUNT DORA, FL 32757

Title: D ( ) Delete
Name: STIFFLER, EARL
Address: 2230 CHASE CT
City-St-Zip: MOUNT DORA, FL 32757

Title: D ( ) Delete
Name: MCCULLOUGH, SCOTT
Address: 1150 GROVE LN.
City-St-Zip: MOUNT DORA, FL 32757

Title: D ( ) Delete
Name: MENNE, WAYNE
Address: 31538 ROUND LAKE RD.
City-St-Zip: MOUNT DORA, FL 32757

Title: D ( ) Delete
Name: BEEBE, MERRELL
Address: 33404 E. LAKE JOANNA DR.
City-St-Zip: EUSTIS, FL 32726

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: TOMMY E. STEPHENS TREA 03/27/2009
Electronic Signature of Signing Officer or Director Date