

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 705035

**Entity Name:** KIWANIS CLUB OF SEMINOLE FLORIDA INC**Current Principal Place of Business:**13085 96TH AVENUE N  
SEMINOLE, FL 33776**Current Mailing Address:**P.O. BOX 3147  
SEMINOLE, FL 33775 US**FEI Number:** 59-6168948**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CARR, TERRY R  
13085 96TH AVE N  
SEMINOLE, FL 33776 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            GRANT, ROBERT  
Address        1001 STARKEY RD., #292  
City-State-Zip: LARGO FL 33771

Title            DIRECTOR  
Name            KINSEY, HAROLD E  
Address        11494 88TH AVENUE N.  
City-State-Zip: SEMINOLE FL 33772

Title            TD  
Name            CARR, TERRY R  
Address        13085 96TH AVE N  
City-State-Zip: SEMINOLE FL 33776

Title            DIRECTOR  
Name            ENGLERT, CLIFFORD  
Address        11685 CAMPHOR WAY  
City-State-Zip: SEMINOLE FL 33772

Title            DIRECTOR  
Name            TRENT, GUY  
Address        1610 SUMMIT WAY  
City-State-Zip: DUNEDIN FL 34698-4751

Title            DIRECTOR  
Name            SPRINGER, LATISHA  
Address        10990 GROVE TERRACE  
City-State-Zip: SEMINOLE FL 33772-4726

Title            DIRECTOR  
Name            CODDINGTON, GARY  
Address        11350 112TH AVENUE NORTH  
City-State-Zip: SEMINOLE FL 33778

Title            DIRECTOR  
Name            FOX, JOANN  
Address        13819 MARTINIQUE DRIVE  
City-State-Zip: SEMINOLE FL 33776-1311

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*I hereby 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 all other like empowered.*

**SIGNATURE: TERRY R. CARR****TREASURER****01/21/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

|                 |                     |
|-----------------|---------------------|
| Title           | PRESIDENT-ELECT     |
| Name            | ROMINE, DAVID       |
| Address         | 12006 94TH STREET   |
| City-State-Zip: | LARGO FL 33773-4303 |