

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749617

FILED
Apr 27, 2008
Secretary of State

Entity Name: KIWANIS CLUB OF BONIFAY, FLORIDA

Current Principal Place of Business:

301 J. HARVEY ETHERIDGE ST
BONIFAY, FL 32425

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 264
BONIFAY, FL 32425

New Mailing Address:

FEI Number: 59-6153558

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLLAND, HOLLY F
2305 IDLEWOOD DRIVE
BONIFAY, FL 32425 US

Name and Address of New Registered Agent:

FARLEY, BEVERLY D
300 NORTH WAUKESHA ST
BONIFAY, FL 32425 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: BEVERLY D FARLEY

04/27/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: SMITH, ORREN
Address: POST OFFICE BOX 72
City-St-Zip: BONIFAY, FL 32425

Title: D () Delete
Name: OWENS, JEMPSEY
Address: 220 WEDGEWOOD DR
City-St-Zip: BONIFAY, FL 32425

Title: P () Delete
Name: LEE, DENNIS
Address: P.O. BOX 997
City-St-Zip: BONIFAY, FL 32425

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: HERSMAN JR, DON
Address: 2130 HWY 177 A
City-St-Zip: BONIFAY, FL 32425

Title: P (X) Change () Addition
Name: LEE, DENNIS
Address: PO BOX 997
City-St-Zip: BONIFAY, FL 32425

Title: P (X) Change () Addition
Name: SMITH, ORREN
Address: P.O. BOX 72
City-St-Zip: BONIFAY, FL 32425

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: ORREN SMITH

P

04/27/2008

Electronic Signature of Signing Officer or Director

Date