

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2008 8:00 am**  
**Secretary of State**

02-21-2008 90017 034 \*\*\*\*61.25

**DOCUMENT # 756430**

1. Entity Name  
**KIWANIS CLUB OF THE AZALEA CITY, PALATKA,  
FLORIDA, INC.**



Principal Place of Business  
**511 ST. JOHNS AVENUE  
PALATKA, FL 32177**

Mailing Address  
**PO BOX 508  
PALATKA, FL 32177-0508**



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

02132008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-6136754**

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

**RIDDICK, MICHAEL  
511 ST. JOHNS AVE  
PALATKA, FL 32177**

Name

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

City

**FL**

Zip Code

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

(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 **P** ☒ Delete  
NAME **MOORE, JUDY**  
STREET ADDRESS **135 HIAWATHA COURT**  
CITY-ST-ZIP **EAST PALATKA, FL 32131**

TITLE **DIRECTOR** ☐ Change ☒ Addition  
NAME **KEN JOHNSON**  
STREET ADDRESS **380 BOYS RANCH ROAD**  
CITY-ST-ZIP **PALATKA, FL 32177**

TITLE **V** ☐ Delete  
NAME **PERRY, JOE**  
STREET ADDRESS **4048 SILVER LAKE ROAD**  
CITY-ST-ZIP **PALATKA, FL 32177**

TITLE **PRESIDENT** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☐ Delete  
NAME **RIDDICK, MICHAEL L**  
STREET ADDRESS **511 ST. JOHNS AVE**  
CITY-ST-ZIP **PALATKA, FL 32177**

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

TITLE **D** ☒ Delete  
NAME **YARBROUGH, ELIZABETH**  
STREET ADDRESS **108 SILVER LAKE ROAD**  
CITY-ST-ZIP **PALATKA, FL 32177**

TITLE **DIRECTOR** ☐ Change ☒ Addition  
NAME **LISA PARSONS**  
STREET ADDRESS **1113 LEE STREET**  
CITY-ST-ZIP **PALATKA, FL 32177**

TITLE **D** ☐ Delete  
NAME **DENNARD, CARL**  
STREET ADDRESS **128 DINKLA LANE**  
CITY-ST-ZIP **PALATKA, FL 32177**

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

TITLE **D** ☐ Delete  
NAME **HUGHES, KAREN**  
STREET ADDRESS **1907 MOSELEY AVENUE**  
CITY-ST-ZIP **PALATKA, FL 32177**

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: **Michael L. Riddick** **MICHAEL L RIDDICK** **2/19/08** **386-326-5316**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #