


2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90214 032 \*\*\*\*61.25

**DOCUMENT # N00000006028**

1. Entity Name  
**THE KIWANIS FOUNDATION OF NEW SMYRNA BEACH, INC.**



Principal Place of Business  
**P. O. BOX 905  
NEW SMYRNA BCH, FL 32170**

Mailing Address  
**P. O. BOX 905  
NEW SMYRNA BCH, FL 32170**

00001440



2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

01102007 Chg-NP CR2E037 (12/06)

City & State  
Zip Country

4. FEI Number  
**31-1738775**

Applied For  
Not Applicable

6. Name and Address of Current Registered Agent  
**RAYMOND, HALLSTROM  
119 N CORY DR  
EDGEWATER, FL 32141**

7. Name and Address of New Registered Agent  
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, 2007

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HALLSTROM, RAYMOND 119 NORTH CORY DRIVE EDGEWATER, FL 32141 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FEGER, WILLIAM III 102 LANDIS STREET NEW SMYRNA BEACH, FL 32168 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HODSON, DOUGLAS D 237 CANAL STREET NEW SMYRNA BEACH, FL 32168 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRIVER, PAT 106 VIA CAPRI NEW SMYRNA BEACH, FL 32169 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GARRIQUES, ROBERT 103 N ORANGE ST NEW SMYRNA BEACH, FL 32168 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALONZO, ROBERT 700 GREEN ROAD NEW SMYRNA BEACH, FL 32168 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director Garrigues, Robert <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 103 N. Orange Ave New Smyrna Beach, FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Elect <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: Raymond Hallstrom January 10, 2007 386-426-7980  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #