## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

NEW SMYRNA BCH FL 32170

P. O. BOX 905

## DOCUMENT # N00000006028

1. Entity Name

P. O. BOX 905

Principal Place of Business

NEW SMYRNA BCH FL 32170

THE KIWANIS FOUNDATION OF NEW SMYRNA BEACH, INC.



**FILED** Feb 03, 2003 8:00 am Secretary of State

02-03-2003 90295 004 \*\*\*\*61.25

90016747

Principal Place of Business     3. Mailing Address				-							
Suite, Apt. #, etc. Suit			ite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State - City & State		y & State	ate		4. FEI Number			Applied For			
				2		31-1738771			Not Applicable		
Zip Country Zip			Country	5. Certaicate of Status Desired See Required							
	6. Name and Address of Curre	nt Registere	d Agent			7. Name and Addre	ess of New Regis	stered Agent			
				Name	Name						
GALIANO, ALFRED A			Street A	Street Address (P.O. Box Number is Not Acceptable)							
	OONER AVE.										
EDGEWA	TER FL 32141			ĺ		•		<u> </u>			
				City ~				FL Zip C	ode		
8. The above	named entity submits this statement	for the purp	ose of changing its	registered office or	register	ed agent, or both, in th	ne State of Florida	a. I am familiar wi	th, and accept		
	ions of registered agent.		• •	•							
	,										
SIGNATURE .			ALOTTI			Lubas rainstation)		DATE			
	Signature, typed or printed name of registered ag	ent and title if app	licable. (NOT	E: Registered Agent signati	nia iadaliad	when reinstating)					
ار .	FILE NOW: FEE IS \$61.25		9. Election Car Trust Fund C	npaign Financing Contribution.		<b>\$5.00</b> May Be Added to Fees		Check Payab Department o			
10.	OFFICERS AND	DIRECTORS		11.		ADDITIONS/CHANGE	S TO OFFICERS	AND DIRECTORS	IN 10		
TITLE	D		☐ Delete	TITLE P/D	Ke	nneth R. P	oulin	Chang	ge 🔲 Addition		
NAME	GALIANO, ALFRED			NAME	30	<b>21</b> S. Ri <b>v</b> e	rside D	r.			
STREET ADDRESS	412 SCHOONER AVE.			STREET ADDRESS	Ed	gewater, F	L 32141				
CITY-ST-ZIP	EDGEWATER FL 32141			CITY-ST-ZIP							
TITLE	D EDED		☐ Delete	IIILES/D		fred A. Ga		☐ Chang	ge 🔲 Addition		
NAME	BAKER, FRED 1226 WAYNE AVE.		-	NAME - Street Address		2 Schooner		- Carrier of the	., <u>-</u>		
STREET ADDRESS CITY-ST-ZIP	NEW SMYRNA BCH FL 32168		. **	CITY-ST-ZIP		gevater, F	L 32141	J			
	VP		☐ Delete	TITLE 4				(X) Chang	ge		
TITLE NAME	POULIN, KENNETH R		□ Delete	TITLE <b>T/D</b>		uglas D. H			_		
STREET ADDRESS	182 FLAMINGO RD.			STREET ADDRESS		9 Peninsul		. 22160			
CITY-ST-ZIP	EDGEWATER FL 32141			CITY-ST-ZIP	Ne	w Smyrna B	eacn, F	L 32169			
TITLE	VP		☐ Delete	TITLE /D	Da.	chael Noss		☐ Chan	ge 🗀 Addition		
NAME	NOSS, RACHAEL			INUINE		tnaer Noss 1 Slash Pi					
STREET ADDRESS	170 SLASH PINE CT.			STREET ADDRESS		w Smyrna B		τ. 32168			
CITY-ST-ZIP	NEW SMYRNA BEACH FL 321	68		CITY-ST-ZIP	NE	w Smytha D					
TITLE	D		Delete .	™ <b>VP/</b> D	Pa	t Driver		☐ Chan	ge 🗌 Addition		
NAME	HOLT, GINA	4		NAME ADDRESS		58 Sunset	Dr.				
STREET ADDRESS	310 CANAL ST.	000		STREET ADDRESS CITY-ST-ZIP	l	w Smyrna B		L 32168			
CITY-ST-ZIP	NEW SMYRNA BEACH FL 321	700				<del>-</del>		Chan	ge Addition		
TITLE	D ANDERSON DALE		☐ Delete `	TITL <b>TD</b> NAME		lliam F. F		<b>T</b> □ Chang	Je □ Madition		
NAME STREET ADDRESS	ANDERSON, DALE 1760 BAYVIEW DR.			STREET ADDRESS		3 Canal St					
CITY-ST-7IP	NEW SMYRNA REACH EL 321	IRR	•	CITY-ST-ZIP	Ne	w Smyrna B	each, Fl	ь 32168			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report in the add 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 on district or director of the corporation or the receiver on district or director of the corporation or the receiver on district or director of the corporation or the receiver on district or director of the corporation or the receiver on district or director of the corporation or the receiver of the corporation of the corporation or the receiver of the corporation of the corporation

NEW SMYRNA BEACH FL 32168

SIGNATURE: X ALTERNATIGATE AND CUIRED

1/29/03 386-426-5752

Affachment 90016747 # N00006006028

Return this part to us with your check or inquiry

Your telephone number (3%) 426 - 5752

Best time to call
12 PM - GFM

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INTERNAL REVENUE SERVICE OGDEN UT 84201-0038

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KIWANIS FOUNDATION OF NEW SMYRNA % ALFRED A GALIANO SEC PO BOX 905 NEW SMYRNA FL 32170-0905058

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