

Amended
**2008 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

~~PENDING~~
 03-03-2008 90188 046 ****96.25
 N01156

FILED

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



01062008 Chg-NP CR2E037 (12/06)

DOCUMENT # N01156				
1. Entity Name THE KIWANIS CLUB OF NEW SMYRNA BEACH, INC.				
Principal Place of Business P.O. BOX 905 NEW SMYRNA BEACH, FL 32169		Mailing Address P.O. BOX 905 NEW SMYRNA BEACH, FL 32169		
2. Principal Place of Business - No P.O. Box <i>119 N Cory Dr.</i>		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State <i>Edgewater, FL</i>		City & State		
Zip <i>32141</i>		Country		
4. FEI Number 59-2530302		Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent HALLSTROM, RAYMOND 119 NORTH CORY DRIVE EDGEWATER, FL 32141		7. Name and Address of New Registered Agent		
Name		Street Address (P.O. Box Number is Not Acceptable)		
City		Zip Code		
FL				
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	SD HALLSTROM, RAYMOND 119 N CORY DR EDGEWATER, FL 32141	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE	D DRIVER, PAT 106 VIA CAPRI NEW SMYRNA BEACH, FL 32169	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE	TD HODSON, DOUGLAS D 109 PENINSULA AVENUE NEW SMYRNA BEACH, FL 32169	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE	D FEGER, WILLIAM F III 102 LANDIS ST NEW SMYRNA BEACH, FL 32168	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	<i>Director</i>
STREET ADDRESS			STREET ADDRESS	<i>6240 Turtlewood Road New Smyrna Beach, FL 32169</i>
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE	PD GARRIQUES, ROBERT 103 NORTH ORANGE STREET NEW SMYRNA BEACH, FL 32168	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE	P ALONZO, ROBERT 200 GREEN ROAD NEW SMYRNA BEACH, FL 32168	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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: <i>Raymond B. Hallstrom</i>		Date: <i>Feb 27, 2008</i> 3864267980		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #		