
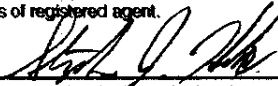
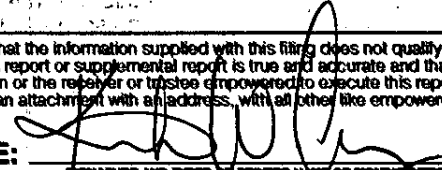


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 10, 2004 8:00 A.M.**  
**Secretary of State**

<b>DOCUMENT # N03000007207</b> 1. Entity Name KIWANIS CLUB OF PANAMA CITY BEACH, FL, INC.					
Principal Place of Business P O BOX 7695 PANAMA CITY BCH, FL 32413			Mailing Address P O BOX 7695 PANAMA CITY BCH, FL 32413		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip		Country	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CURRY, KEITH 17210 PANAMA CITY BCH PKWY PANAMA CITY BCH, FL 32413			Name <u>Stephen J. Holt - (Joe)</u> Street Address (P.O. Box Number is Not Acceptable) <del>8501 N. Laguna Dr #210</del> <u>323 BRADY WAY</u> City <u>PANAMA CITY BEACH FL</u> Zip Code <u>32408</u>		
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 			(NOTE: Registered Agent signature required when re-registering)		DATE <u>6/8/04</u>
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2004</b>		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	President <input type="checkbox"/> Delete Keith Curry		TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Stephen J. Holt	
STREET ADDRESS	17210 PANAMA CITY BEACH PKWY		STREET ADDRESS	<del>8501 N. LAGUNA DR #210</del> 323 BRADY WAY	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32413		CITY-ST-ZIP	PANAMA CITY BEACH, FL 32408	
TITLE	<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	<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	<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	<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		
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 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: 			KEITH W CURRY		5/19/2004 8502332089
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #



01162004 Chg-NP CR2E037 (10/03)

4. FEI Number  Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

600037949596  
 06/15/04--01015--010 \*\*\$1.25

6/11/04