

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2007 8:00 am
Secretary of State

02-06-2007 90009 015 ****70.00

DOCUMENT # N04000010334			
1. Entity Name KIWANIS CLUB OF CENTRAL DAYTONA BEACH, INC.			
Principal Place of Business 532 DR. M. M. BETHUNE BLVD. DAYTONA BEACH, FL 32114		Mailing Address 532 DR. M. M. BETHUNE BLVD. DAYTONA BEACH, FL 32114	
2. Principal Place of Business - No P.O. Box # 532 Dr. M. M. Bethune Blvd Suite, Apt. #, etc.		3. Mailing Address P. O. Box 1843 Suite, Apt. #, etc.	
City & State Daytona Beach, Fl		City & State Daytona Beach, Fl.	
Zip 32114		Country Volusia	
4. FEI Number 20-2273412		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COVINGTON, SYLVESTER 532 DR. M. M. BETHUNE BLVD. DAYTONA BEACH, FL 32114		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 		SYLVESTER COVINGTON (Register) 2/1/07	
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	P FONT, WILLIAM 75 SPRING MEADOWS DRIVE ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Williams, Ophelia 400 Dr. M. M. Bethune Blvd Daytona Beach, Fl. 32114 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAYES, EDWARD 801 S. KOTTLE CIRCLE DAYTONA BEACH, FL 32114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. P. Hayes, Edward 801 S. Kottle Circle Daytona Beach, Fl. 32114 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE WILLIAMS, OPHELIA 400 DR. MM BETHUNE BLVD DAYTONA BEACH, FL 32114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. E. Hanley, Richard P. O. Box 251155 Holly Hill, Fl 32125 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC QUARTERMAN, ROBIN 11 WOODRIDGE DR. ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. Stamatis, Debbie 5215 Isabelle Ave Port Orange, Fl, 32127 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRE GOODMAN, BETTY 106 SEA PINE DAYTONA BEACH, FL 32114 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: 		Ophelia Williams 2/1/07 (President) (386) 255-7851	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	