2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007
Secretary of State

DOCUMENT# N05000007211

Entity Name: KIWANIS CLUB OF SANTA FE, FLORIDA, INC.

Current Principal Place of Business:

21775 NW 154 PLACE
HIGH SPRINGS, FL 32643

New Principal Place of Business:

Current Mailing Address:

PO BOX 961
HIGH SPRINGS, FL 32655

New Mailing Address:

FEI Number: 41-2152606 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TILESTON, KAREN
14520 NW US HWY 441
ALACHUA, FL 32615 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: TILESTON, KAREN
Address: 14520 NW US HWY 441
City-St-Zip: ALACHUA, FL 32615

Title: D/T ( ) Delete
Name: COLSON, KATHY
Address: 24311 N. ST. RD 121
City-St-Zip: ALACHUA, FL 32615

Title: D/S ( ) Delete
Name: WELLER, THOMAS R
Address: 21775 NW 154 PL
City-St-Zip: HIGH SPRINGS, FL 32643

Title: D ( ) Delete
Name: SCOTT, WILLIAM
Address: 174 S.W. LYNN SHERMAN TERR.
City-St-Zip: FT. WHITE, FL 32038

Title: D ( ) Delete
Name: BENNETT, MARILYN
Address: PO BOX 2285
City-St-Zip: HIGH SPRINGS, FL 32655

Title: D/P ( ) Delete
Name: HARRISON, JAMES
Address: 20112 NO US HWY 441
City-St-Zip: HIGH SPRINGS, FL 32643

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change ( ) Addition
Name: EMMANUEL, GEORGE
Address: 1841 NW 23 TERR.
City-St-Zip: GAINESVILLE, FL 32605

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: HARRISON, JAMES
Address: 20112 NO US HWY 441
City-St-Zip: HIGH SPRINGS, FL 32643

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS R. WELLER SEC. 04/17/2007

Electronic Signature of Signing Officer or Director — Date