


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N05000008936</b> 1. Entity Name KIWANIS CLUB OF CENTRAL DAYTONA BEACH FOUNDATION, INC.	
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Principal Place of Business 532 DR. MM BETHUNE BLVD. DAYTONA BEACH, FL 32114	Mailing Address P.O. BOX 1843 DAYTONA BEACH, FL 32115
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**DO NOT WRITE IN THIS SPACE**



03212007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-2273412	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

COVINGTON, SYLVESTER  
532 DR. MM BETHUNE BLVD.  
DAYTONA BEACH, FL 32114

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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)**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees


10. OFFICERS AND DIRECTORS

TITLE	SEC
NAME	STAMATIS, DEBBIE
STREET ADDRESS	5215 ISABELLE AVE
CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	VP
NAME	HAYES, EDWARD
STREET ADDRESS	801 S KOTTLE CIRCLE
CITY-ST-ZIP	DAYTONA BEACH, FL 32114
TITLE	P
NAME	WILLIAMS, OPHELIA
STREET ADDRESS	400 DR. M. M. BETHUNE BLVD.
CITY-ST-ZIP	DAYTONA BEACH, FL 32114
TITLE	P.E.
NAME	HANLEY, RICHARD
STREET ADDRESS	P.O. BOX 251155
CITY-ST-ZIP	HOLLY HILL, FL 32125
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000725204  
05/03/07-80012-025 70.00

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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 (President)**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # (386) 255 - 7851