


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N05000008936 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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03212007 No Chg-NP CR2E037 (4/06)

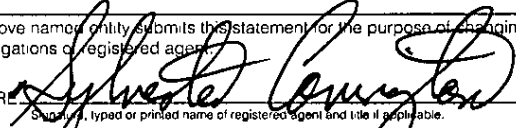
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4. FEI Number 20-2273412	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  COVINGTON, SYLVESTER 532 DR. MM BETHUNE BLVD. DAYTONA BEACH, FL 32114
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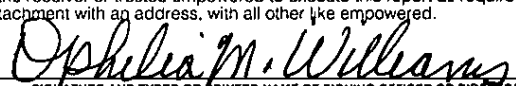
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.	
SIGNATURE: 	Sylvester Covington (Register) <small>(NOTE: Registered Agent signature required when reinstating)</small>
	DATE

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

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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: 	(President) Ophelia Williams (386) 255 - 7851
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>