FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 24 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N36892 (0)

1. Corporation Name

DAYTONA BEACH KIWANIS FOUNDATION, INC.

Principal Place of Business	Mailing Address
C/O MONACO, SMITH, HOOD, PERKINS, LOUCKS 444 SEABREEZE BLD., #800 DAYTONA BEACH FL 32118 US	C/O MONACO, SMITH, HOOD, PERKINS, LOUCKS 444 SEABREEZE BLVD., #800 DAYTONA BEACH FL 32118 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/02/1990
3a. Date of Last Report: 04/28/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 6 RAINBOW FALLS DR	26 6 RAINBOW FALLS DR
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: ORMOND BEACH FL	28 City & State: ORMOND BEACH FL
24 Zip: 32174 25 Country: US	29 Zip: 32174 30 Country: US

9. Name and Address of Current Registered Agent

~~LOOMIS, WILLIAM P~~
~~1 TWELVE OAKS TRAIL~~
~~ORMOND BEACH FL 32174~~

10. Name and Address of New Registered Agent

81 Name: WILLIAM P. LOOMIS
82 Street Address (P.O. Box Number is Not Acceptable)
83: 6 RAINBOW FALLS DR
84 City: ORMOND BEACH FL 85 Zip Code: 32174

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: William P Loomis WILLIAM P. LOOMIS 4-19-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	GENTRY, MICHAEL	1.2 NAME	D. DACRE STONE	
STREET ADDRESS	199 SUMMERTIME CT., RT 2	1.3 STREET ADDRESS	132 LYNWOOD LANE	
CITY-ST-ZIP	ORMOND BEACH FL	1.4 CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	SD	2.1 TITLE		☒ Change ☐ Addition
NAME	LOOMIS, WILLIAM P.	2.2 NAME		
STREET ADDRESS	1 TWELVE OAKS TRAIL	2.3 STREET ADDRESS	6 RAINBOW FALLS DR.	
CITY-ST-ZIP	ORMOND BEACH FL	2.4 CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	VD	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	SANDERS, EDMOND R.	3.2 NAME		
STREET ADDRESS	101 UNDERBRUSH TRAIL	3.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL	3.4 CITY-ST-ZIP	DAYTONA BEACH, FL 32124	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William P Loomis 4/19/95 (904) 673-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000369