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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N36892**

1. Corporation Name
DAYTONA BEACH KIWANIS FOUNDATION, INC.

Principal Place of Business	Mailing Address
6 RAINBOW FALLS DR ORMOND BEACH FL 32174 US	6 RAINBOW FALLS DR ORMOND BEACH FL 32174 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 03/02/1990
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LOOMIS, WILLIAM P 6 RAINBOW FALLS DR ORMOND BEACH FL 32174	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	CULLEY, DAVID A		1.2 NAME	JOHN W. MALAFRONTE	
STREET ADDRESS	925 N HALIFAX AVE, #910		1.3 STREET ADDRESS	1275 W. GRANADA BLVD #50	
CITY-ST-ZIP	DAYTONA BEACH FL 32118		1.4 CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	SD	☐ DELETE	2.1 TITLE	VP	☐ Change ☒ Addition
NAME	LOOMIS, WILLIAM P.		2.2 NAME	NEVIASER, JULIUS S.	
STREET ADDRESS	6 RAINBOW FALLS DR		2.3 STREET ADDRESS	220 S. RIDGEWOOD AVE.	
CITY-ST-ZIP	ORMOND BEACH FL 32174		2.4 CITY-ST-ZIP	DAYTONA BEACH, FL 32114	
TITLE	TD	☐ DELETE	3.1 TITLE	VD	☐ Change ☒ Addition
NAME	PATERNITI, EDWARD S.		3.2 NAME	CAMPOS, LOUCRETIA	
STREET ADDRESS	555 W GRANADA BLVD #C10		3.3 STREET ADDRESS	444 SEABREEZE BLVD, SUITE 610	
CITY-ST-ZIP	ORMOND BEACH FL 32174		3.4 CITY-ST-ZIP	DAYTONA BEACH, FL 32118	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	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 hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: William P. Loomis SIGNATURE REQUIRED 4/23/99 (904) 673-5180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)