2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State
01-31-2007 90038 020 ****61.25

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DOCUMENT # N36892

1. Entity Name
DAYTONA BEACH KIWANIS FOUNDATION, INC.

Principal Place of Business	Mailing Address
5631 BALD EAGLE DRIVE PORT ORANGE, FL 32128 US	5631 BALD EAGLE DRIVE PORT ORANGE, FL 32128 US

01042007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5415 CANNA CT	5415 CANNA CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PORT ORANGE, FL	City & State: PORT ORANGE, FL
Zip: 32128 Country: USA	Zip: 32128 Country: USA

4. FEI Number 59-2995754 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HEALD, RICHARD E ~~5631 BALD EAGLE DRIVE~~ PORT ORANGE, FL 32128	Name Street Address (P.O. Box Number is Not Acceptable): 5415 CANNA CT PORT ORANGE City: FL Zip Code: 32128

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: Richard E Heald RICHARD E. HEALD SD 1/16/07
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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HEALD, RICHARD E 5631 BALD EAGLE DRIVE PORT ORANGE, FL 32128	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DURANCEAU MICHAEL 100 LACOSTA LANE STE 100 DAYTONA BEACH, FL 32114	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Should be DURANCEAU not DURANCEAY	☑ Change ☐ Addition All else OK
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DEBONIS, RALPH 128 MALLARD LANE DAYTONA BEACH, FL 32119	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PPD KOBERG, JOHN 2415 BELLVERE AVENUE DAYTONA BEACH, FL 32114	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD GARY MOOTHART 1304 MANDAN LAKE ORMOND BEACH, FL 32174	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BUDIANSKY, MARK 730 S. ATLANTIC AVENUE ORMOND BEACH, FL 32176	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PPD	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PED LUCKETT, JOE 731 BEVILLE ROAD DAYTONA BEACH, FL 32119	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PED SARAH VANDAGRIFF 4 WATERFRONT CT ORMOND BEACH, FL 32174	☐ Change ☑ Addition

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: Richard E Heald RICHARD E. HEALD 1/16/07 386 767-4370
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #