

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90024 003 ****61.25

DOCUMENT # N36892 1. Entity Name DAYTONA BEACH KIWANIS FOUNDATION, INC.					
Principal Place of Business 5415 CANNA CT PORT ORANGE, FL 32128 US			Mailing Address 5415 CANNA CT PORT ORANGE, FL 32128 US		
2. Principal Place of Business - No P.O. Box # 100 LA Costa Lane		3. Mailing Address 100 LA Costa Lane			
Suite, Apt. #, etc. # 100		Suite, Apt. #, etc. # 100			
City & State Daytona Beach, FL		City & State Daytona Beach, FL			
Zip 32114		Country USA		4. FEI Number 59-2995754	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HEALD, RICHARD E 5415 CANNA CT PORT ORANGE, FL 32128			7. Name and Address of New Registered Agent Name Michael J Duranceau Street Address (P.O. Box Number is Not Acceptable) 100 LA Costa Lane #100 City Daytona Beach FL Zip Code 32114		
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 Michael J Duranceau DATE 3/31/08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		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 ☒ Delete 5631 BALD EAGLE DRIVE PORT ORANGE, FL 32128		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ☐ Change ☒ Addition KAREN REINER 54 TOMOKA MEADOW BLVD ORMOND BEACH, FL 32174	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ☐ Delete DURANCEAU, MICHAEL 100 LACOSTA LANE STE 100 DAYTONA BEACH, FL 32114		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ☐ Delete DEBONIS, RALPH 128 MALLARD LANE DAYTONA BEACH, FL 32119		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ☐ Delete MOOTHART, GARY 1304 MANDAN LAKE ORMOND BEACH, FL 32174		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD ☒ Delete BUDIANSKY, MARK 730 S. ATLANTIC AVENUE ORMOND BEACH, FL 32176		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ☐ Change ☒ Addition MARTY RICHARDSON 194 Leisure Circle PORT ORANGE, FL 32127	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED ☐ Delete VANDAGRIFF, SARAH 4 WATERFRONT CT ORMOND BEACH, FL 32174		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ☒ 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: Michael J Duranceau SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 3/31/08 Daytime Phone # 386 2742747		