


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000006303	
1. Entity Name KIWANIS YOUTH FOUNDATION OF MONTICELLO, FLORIDA, INC.	

Principal Place of Business 240 W. WASHINGTON ST. MONTICELLO, FL 32344	Mailing Address P.O. BOX 357 MONTICELLO, FL 32345
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DO NOT WRITE IN THIS SPACE



01212005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3477486	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, GEORGE W
240 W. WASHINGTON ST.
MONTICELLO, FL 32344

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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 _____ DATE _____
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, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MILLER, GEORGE W
STREET ADDRESS	240 W. WASHINGTON ST.
CITY-ST-ZIP	MONTICELLO, FL 32344
TITLE	D
NAME	DEMOTT, HERBERT
STREET ADDRESS	915 GOVERNMENT FARM ROAD
CITY-ST-ZIP	MONTICELLO, FL 32344
TITLE	D
NAME	BLOW, FRANK
STREET ADDRESS	1685 BOSTON HIGHWAY
CITY-ST-ZIP	MONTICELLO, FL 32344
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/24/05-80166-010 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *George W. Miller* DATE: 1-21-05 DAYTIME PHONE #: 997-2646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEORGE W. MILLER