

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

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



Principal Place of Business Mailing Address
 240 W. WASHINGTON ST. P.O. BOX 357
 MONTICELLO, FL 32344 MONTICELLO, FL 32345



01122006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 59-3477486 Not Applicable

5. Certificate of Status Desired \$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 [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, 2006

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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 01/27/06-80011-013 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statute. 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: [Signature] Date 1/19/06 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR