



**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 15, 2008 8:00 am**  
**Secretary of State**

01-15-2008 90031 022 \*\*\*\*61.25

<b>DOCUMENT # N97000006303</b> 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		
2. Principal Place of Business - No P.O. Box # <i>264 N. Cherry St</i> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State <i>Monticello FL</i>		City & State		4. FEI Number 59-3477486	
Zip <i>32344</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  MILLER, GEORGE W 240 W. WASHINGTON ST. MONTICELLO, FL 32344				7. Name and Address of New Registered Agent Name <i>Brenda Sorensen</i> Street Address (P.O. Box Number is Not Acceptable) <i>264 N. Cherry St</i>  City <i>Monticello</i> FL Zip Code <i>32344</i>	
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 <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>			DATE <i>1/11/08</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, GEORGE W 240 W. WASHINGTON ST. MONTICELLO, FL 32344	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEMOTT, HERBERT 915 GOVERNMENT FARM ROAD MONTICELLO, FL 32344	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <i>Brenda Sorensen</i> <i>264 N. Cherry St.</i> <i>Monticello FL 32344</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLOW, FRANK 1685 BOSTON HIGHWAY MONTICELLO, FL 32344	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <i>1/11/08</i>		
			850-342-1040		