


FILE NOW: FILING FEE IS \$61.25

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Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90186 049 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N98000001268 1. Corporation Name KIWANIS CLUB OF BIG LAGOON FOUNDATION, INC.		
Principal Place of Business P.O. BOX 34259 PENSACOLA FL 32507	Mailing Address P.O. BOX 34259 PENSACOLA FL 32507	



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 03/04/1998
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-350 8257
22. City & State	27. City & State	Applied For Not Applicable
23. Zip	28. Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Country	29. Zip	30. Country
25. Country	29. Zip	30. Country
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ALEXANDER, ROBERT 16335 PERDIDO DRIVE PENSACOLA FL 32507				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City	FL	85. Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JETER, NORMAN	1.2 NAME	
STREET ADDRESS	14070 WATERVIEW DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32507	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERMAN, DAVID	2.2 NAME	
STREET ADDRESS	5933 KAISER LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32507	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES, RUSSELL	3.2 NAME	
STREET ADDRESS	4018 INDIGO DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32507	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIGLIENZONE, WALTER	4.2 NAME	
STREET ADDRESS	5039 CHALLENGER WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32507	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, ROBERT	5.2 NAME	
STREET ADDRESS	16335 PERDIDO KEY DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32507	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Russell James* SIGNATURE REQUIRED *Russell James* 4-17-99 850-492 0258
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)