2002 UNIFORM BUSINESS REPORT (UBR)

Mar 14, 2002 8:00 am Secretary of State DOCUMENT # N98000001268 1. Entity Name -14-2002 90329 045 ****61.25 KIWANIS CLUB OF BIG LAGOON FOUNDATION, INC. Principal Place of Business Mailing Address P.O. BOX 34259 P.O. BOX 34259 PENSACOLA FL 32507 PENSACOLA FL 32507 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number -59-3508257--Not Applicable ∵~ Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Herman Street Address (P.O. Box Number is Not Acceptable) ALEXANDER, ROBERT 16335 PERDIDO DRIVE Karser Lane PENSACOLA FL 32507 Zip Code 67 penna cola 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. χ SIGNATURE OTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. П Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. (9/01) ☐ Delete TITLE TITLE ☐ Change ☐ Addition JETER. NORMAN NAME NAME -CR2E037 STREET ADDRESS 14070 WATERVIEW DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32507 Delete TITLE ☐ Change ☐ Addition HERMAN, DAVID NAME NAME STREET ADDRESS 5933 KAISER LANE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PENSACOLA FL 32507 Addition TITLE Delete TITLE FXI Change JAMES, RUSSELL Joe Wildes 1001 LANDFAIL DR NAME NAME STREET ADDRESS **4018 INDIGO DRIVE** STREET ADDRESS CITY-ST-ZIP PENSACOLA FI 32507 CITY-ST-ZIP PENSACOLA FL 32507 TITLE ☑ Delete S Change Addition TITLE cart Brother ton VIGLIENZONE, WALTER NAME NAME 5692 GRANGE LAGOON BLUE. STREET ADDRESS **5039 CHALLENGER WAY** STREET ADDRESS PENSALOLA 7/ 32507 CITY-ST-ZIP PENSACOLA FL 32507 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition ALEXANDER, ROBERT NAME NAME STREET ADDRESS 16335 PERDIDO KEY DRIVE STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32507 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 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:

IGNATURE AND TYPED OR EDITED NAME OF STANFARD OFFICER OR DIRECTOR

12 Feb 2002

(850) 492-6383

FILED