2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Feb 01, 2007 8:00 am Secretary of State

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DOCUMENT # 756430 1. Entity Name KIWANIS CLUB OF THE AZALEA CITY, PALATKA, FLORIDA, INC.					02-01-2007 90035 004 ****70.00				
Principal Plac 511 ST. JOHI PALATKA, FL	· · · · · · · · · · · · · · · · · · ·	Mailing Address PO BOX 508 PALATKA, FL 32177-050	08			8473	81211 81811 812	 	UNITI BI IABI
2. Principal Place of Business - No P.O. Box # 3. Ma		3. Mailing Address	lailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		01252007	hg-NP	CR2E03	7 (12/06)	
City & State		City & State	City & State		4. FEI Number Applied For 59-6136754 Not Applicable				
Zip	Country	Zip	Country		5. Certificate of S	Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name and Ad	dress of New R	egistered A	gent	
RIDDICK, MICHAEL			Name						
511 ST. JC			Street Address (P.O. Box Number is	Not Acceptable	·)		
			0:		 -			1= -	
	, , , , , , , , , , , , , , , , , , , ,		City				FL	Zip Cod	
The above the obligat	enamed entity submits this statement for tions of registered agent.	or the purpose of changing its re	gistered office o	r registere	ed agent, or both, in	n the State of Flo	rida. I am f	amiliar with,	and accept
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SIGNATURE .		t and title if apolicable (NOTE R	Registered Agent signal	lure renwred	when reinstating)		DATE		
SIGNATURE .	Signature, typed or printed name of registered agent		Registered Agent signal	iture required	when reinstating)		DATE		
SIGNATURE .		9. Election Camp	aign Financing		\$5.00 May Be Added to Fees		ake check	payable to	
SIGNATURE	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DI	9. Election Camp Trust Fund Cor	aign Financing		\$5.00 May Be	Fiori	ake check da Depart	ment of St	tate
10.	Filling Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DI	9. Election Camp Trust Fund Cor	aign Financing ntribution.		\$5.00 May Be Added to Fees	Fiori	ake check da Depart	ment of St	tate
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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 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 empodered.

SIGNATURE: _

1-30-07 386-326-676/