

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001268

FILED  
Apr 02, 2009  
Secretary of State

**Entity Name:** KIWANIS CLUB OF BIG LAGOON FOUNDATION, INC.

**Current Principal Place of Business:**

P.O. BOX 34259  
PENSACOLA, FL 32507

**New Principal Place of Business:**

4001 LANDFALL DR.  
PENSACOLA, FL 32507

**Current Mailing Address:**

P.O. BOX 34259  
PENSACOLA, FL 32507

**New Mailing Address:**

**FEI Number:** 59-3508257      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HERMAN, DAVE  
5933 KAISER LANE  
PENSACOLA, FL 32507      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: JETER, NORMAN  
Address: 14070 WATERVIEW DRIVE  
City-St-Zip: PENSACOLA, FL 32507

Title: D      ( ) Delete  
Name: HERMAN, DAVID  
Address: 5933 KAISER LANE  
City-St-Zip: PENSACOLA, FL 32507

Title: D      ( ) Delete  
Name: WILDES, JOE  
Address: 4001 LANDDALL DR  
City-St-Zip: PENSACOLA, FL 32507

Title: D      ( ) Delete  
Name: BROTHERTON, CART  
Address: 4837 HURON DR  
City-St-Zip: PENSACOLA, FL 32507

Title: D      ( ) Delete  
Name: ROTH, MILTON  
Address: 3320 TILLER CRT  
City-St-Zip: PENSACOLA, FL 32507

Title: D      ( ) Delete  
Name: WHITE, ROBERT J  
Address: 13937 PEDIDO KEY DRIVE  
City-St-Zip: PENSACOLA, FL 32507

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOE WILDES

SECR

04/02/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date