

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000001268

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

**Current Principal Place of Business:**

10156 BITTERN DRIVE  
PENSACOLA, FL 32507

**Current Mailing Address:**

10156 BITTERN DRIVE  
PENSACOLA, FL 32507 US

**FEI Number:** 59-3508257

**Certificate of Status Desired:** Yes

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

SEVOLD, JOHN M  
10156 BITTERN DRIVE  
PENSACOLA, FL 32507 US

*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:** JOHN M. SEVOLD

01/24/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HAYGOOD, MARTIN  
Address        10099 NELLE AVE.  
                  UNIT 501  
City-State-Zip: PENSACOLA FL 32507

Title            SECRETARY  
Name            SEVOLD, JOHN M  
Address        10156 BITTERN DR.  
City-State-Zip: PENSACOLA FL 32507

Title            DIRECTOR  
Name            HAYGOOD, MAGGIE  
Address        10099 NELLE AVENUE  
                  UNIT 501  
City-State-Zip: PENSACOLA FL 32507

Title            TREASURER  
Name            PELLETIER, JASON  
Address        1517 OAKLEIGH COURT  
City-State-Zip: PENSACOLA FL 32506

Title            DIRECTOR  
Name            LIAS, DAYRE C  
Address        10160 BITTERN DR.  
City-State-Zip: PENSACOLA FL 32507

Title            DIRECTOR  
Name            KINCAID, ROBERT DR.  
Address        5617 GRANDE LAGOON COURT  
City-State-Zip: PENSACOLA FL 32507

Title            DIRECTOR  
Name            HAYNER, GEORGE  
Address        5924 LAGNIAPPE DRIVE  
City-State-Zip: PENSACOLA FL 32507

*I hereby 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 all other like empowered.*

**SIGNATURE:** JOHN M. SEVOLD

**SECRETARY**

01/24/2016

Electronic Signature of Signing Officer/Director Detail

Date