


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

**FILED**  
**Apr 13, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 701848</b> 1. Entity Name THE KIWANIS CLUB OF MONTICELLO, INC.	
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Principal Place of Business 240 W. WASHINGTON ST. MONTICELLO, FL 32344	Mailing Address P.O. BOX 357 MONTICELLO, FL 32344
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03282007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-6153451	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  MILLER, GEORGE W 240 W. WASHINGTON ST. MONTICELLO, FL 32344	<b>DO NOT WRITE IN THIS SPACE</b>
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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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WAINWRIGHT, DOUG P.O. BOX 6840 TALLAHASSEE, FL 32314
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MILLER, GEORGE W 240 W. WASHINGTON ST. MONTICELLO, FL 32344
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NAUGHTON, FERD 380 S. JEFFERSON ST. MONTICELLO, FL 32344
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04/23/07-80037-011 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 empowered.

**SIGNATURE:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/07  
Date

Daytime Phone #