
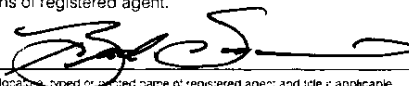



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 15, 2008 8:00 am**  
**Secretary of State**

01-15-2008 90031 023 \*\*\*\*61.25

<b>DOCUMENT # 701848</b> 1. Entity Name <b>THE KIWANIS CLUB OF MONTICELLO, INC.</b>					
Principal Place of Business <b>240 W. WASHINGTON ST. MONTICELLO, FL 32344</b>			Mailing Address <b>P.O. BOX 357 MONTICELLO, FL 32344</b>		
2. Principal Place of Business - No P.O. Box # <b>264 N. Cherry St.</b>			3. Mailing Address Suite, Apt. #, etc.		
City & State <b>Monticello, FL</b>			City & State		
Zip <b>32344</b>		Country <b>USA</b>		Zip Country	
6. Name and Address of Current Registered Agent <b>MILLER, GEORGE W 240 W. WASHINGTON ST. MONTICELLO, FL 32344</b>				7. Name and Address of New Registered Agent Name <b>Brenda Sorensen</b> Street Address (P.O. Box Number is Not Acceptable) <b>264 North Cherry Street</b> City <b>Monticello</b> FL Zip Code <b>32344</b>	
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 				DATE <b>1-11-08</b>	
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P <b>WAINWRIGHT, DOUG</b> <b>P.O. BOX 6840</b> <b>TALLAHASSEE, FL 32314</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P <b>Rob Mazur</b> <b>P.O. Box 357</b> <b>Monticello, FL 32345</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T <b>MILLER, GEORGE W</b> <b>240 W. WASHINGTON ST.</b> <b>MONTICELLO, FL 32344</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Brenda Sorensen <b>264 N. Cherry St</b> <b>Monticello FL 32344</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D <b>NAUGHTON, FERD</b> <b>380 S. JEFFERSON ST.</b> <b>MONTICELLO, FL 32344</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
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 either like empowered.					
SIGNATURE: 				DATE <b>1/11/08</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				850-342-1040	