


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90031 048 ****61.25

DOCUMENT # 704567					
1. Entity Name KIWANIS SCHOLARSHIP FUND OF FORT WALTON BEACH, INC.					
Principal Place of Business 140 HOLLYWOOD BLVD SW FORT WALTON BEACH, FL 32548 US			Mailing Address P.O. BOX 2198 FORT WALTON BEACH, FL 32549 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1002456	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HIGGINS, LANE 34 WALTER MARTIN RD. FORT WALTON BEACH, FL 32548			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <u>LANE HIGGINS, PRES</u> DATE <u>2/4/04</u>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE D	NAME GRISSOM, RON	<input type="checkbox"/> Delete			
STREET ADDRESS 140 HOLLYWOOD BLVD SW	FORT WALTON BEACH, FL 32548				
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548				
TITLE P	NAME CREWS, GEORGE	<input type="checkbox"/> Delete			
STREET ADDRESS 106 POINT COMFORT RD.	MARY ESTHER, FL 32569				
CITY-ST-ZIP	MARY ESTHER, FL 32569				
TITLE D	NAME THOMAS, GORDON	<input type="checkbox"/> Delete			
STREET ADDRESS 41 COURT DRIVE	DESTIN, FL 32541				
CITY-ST-ZIP	DESTIN, FL 32541				
TITLE S	NAME HICKENBOTHAM, RICHARD	<input type="checkbox"/> Delete			
STREET ADDRESS 139 WALTON DR	FORT WALTON BEACH, FL 32548				
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548				
TITLE V	NAME BECHTOLD, DAVID	<input type="checkbox"/> Delete			
STREET ADDRESS 49 BAY DR, NE	FORT WALTON BEACH, FL 32548				
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548				
TITLE T	NAME HIGGINS, LANE	<input type="checkbox"/> Delete			
STREET ADDRESS 331 SHANNON CT	FORT WALTON BEACH, FL 32548				
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>LANE HIGGINS, PRES</u> DATE <u>2/4/04</u> 960 243-6713					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					