

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90048 036 ****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
180 FERRY ROAD, NE
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
FORT WALTON BEACH FL
Zip
32548
Country
USA

City & State
Country

01052005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1002456
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GRISSOM, RON	
STREET ADDRESS	140 HOLLYWOOD BLVD SW	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CREWS, GEORGE	
STREET ADDRESS	106 POINT COMFORT RD.	
CITY-ST-ZIP	MARY ESTHER, FL 32569	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMAS, GORDON	
STREET ADDRESS	41 COURT DRIVE	
CITY-ST-ZIP	DESTIN, FL 32541	
TITLE	S	<input type="checkbox"/> Delete
NAME	HICKENBOTHAM, RICHARD	
STREET ADDRESS	139 WALTON DR	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BECHTOLD, DAVID	
STREET ADDRESS	49 BAY DR, NE	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548	
TITLE	T	<input type="checkbox"/> Delete
NAME	HIGGINS, LANE	
STREET ADDRESS	331 SHANNON CT	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID BECHTOLD	
STREET ADDRESS	49 BAY DR NE	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAY MCGOVERN	
STREET ADDRESS	256 SLEEPY OAKS LANE	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLIE CORSENTINO	
STREET ADDRESS	157 BEAL PARKWAY	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

John Higgins

LANE HIGGINS PRES

1/6/05 855 243-6713