2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704567

FILED Feb 08, 2008 Secretary of State

Entity Name: KIWANIS SCHOLARSHIP FUND OF FORT WALTON BEACH, INC.

Current Principal Place of Business:			New Principal Place of Business:			
180 FERRY FORT WAI	YRD, NE LTON BEACH, FL 32548 US					
Current Mailing Address:			New Mailing Address:			
P.O. BOX 2 FORT WAI	2198 LTON BEACH, FL 32549 US					
FEI Number:	59-1002456 FEI Number Applied	For () FEI Num	nber Not Appli	cable ()	Certificate of Status	Desired ()
Name and	Address of Current Registered	Agent:	Name and	Address of N	ew Registered Ag	ent:
HIGGINS, LANE 34 WALTER MARTIN RD. FORT WALTON BEACH, FL 32548 US			HIGGINS, LANE 36474A EMERALD COAST PKWY, DESTIN, FL 32540 US			
The above in the State	named entity submits this stateme of Florida.	nt for the purpose of	f changing it	s registered of	ffice or registered a	gent, or both,
SIGNATURE:					02/08/2008	
	Electronic Signature of Regi	stered Agent			Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () Delete GRISSOM, RON 140 HOLLYWOOD BLVD SW FORT WALTON BEACH, FL 32548		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete MCGOVERN, RAY 256 SLEEPY OAKS LN FORT WALTON BEACH, FL 32548		Title: Name: Address: City-St-Zip:	MCGOVERN, R. 256 SLEEPY O		
Title: Name: Address: City-St-Zip:	D () Delete WINZELER, KEN 2802 JERRY PATE CT. SHALIMAR, FL 32579		Title: Name: Address: City-St-Zip:	D (X) CREWS, GEOR 106 POINT COM MARY ESTHER	IFORT ROAD	
Title: Name: Address: City-St-Zip:	P () Delete HICKENBOTHAM, RICHARD 139 WALTON DR FORT WALTON BEACH, FL 32548		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete BECHTOLD, DAVID 49 BAY DR, NE FORT WALTON BEACH, FL 32548		Title: Name: Address: City-St-Zip:	BAGGETT, JAN 312 BROOKS S		
Title: Name: Address: City-St-Zip:	T () Delete HIGGINS, LANE 13 LAURIE DR FORT WALTON BEACH, FL 32548		Title: Name: Address: City-St-Zip:	()	Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RICHARD HICKENBOTHAM PRES 02/08/2008