## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 704567** 

FILED Feb 10, 2009 Secretary of State

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

Current Principal Place of Business:				New Pr	New Principal Place of Business:		
180 FERRY FORT WAI	Y RD, NE _TON BEACH	I, FL 32548	US				
Current Mailing Address:				New Ma	New Mailing Address:		
P.O. BOX 2 FORT WAI	2198 _TON BEACH	l, FL 32549	US				
FEI Number:	59-1002456	FEI Number	Applied For ( )	FEI Number Not A	applicable ( )	Certificate of Status Desired ( )	
Name and	Address of (	Current Regi	stered Agent:	Name a	nd Address	of New Registered Agent:	
HIGGINS, LANE 36474A EMERALD COAST PKWY, DESTIN, FL 32540 US				106 PO	CREWS, GEORGE 106 POINT COMFORT ROAD MARY ESTHER, FL 32569 US		
The above in the State		submits this s	statement for the p	urpose of changir	ng its register	ed office or registered agent, or both,	
SIGNATURE: GEORGE CREWS						02/10/2009	
	Electro	nic Signature	of Registered Age	nt		Date	
OFFICERS AND DIRECTORS:				ADDITI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	GRISSOM, RO 140 HOLLYWO	) Delete N DOD BLVD SW N BEACH, FL 3:	2548	Title: Name: Address: City-St-Zi	<b>p</b> :	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	MCGOVERN, F 256 SLEEPY C		2548 US	Title: Name: Address: City-St-Zi	<b>p</b> :	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	CREWS, GEO 106 POINT CO			Title: Name: Address: City-St-Zi	p:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	HICKENBOTHA 139 WALTON I		2548	Title: Name: Address: City-St-Zi	p:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	BAGGETT, JAN 312 BROOKS		2548 US	Title: Name: Address: City-St-Zi	p:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	HIGGINS, LAN 13 LAURIE DR		2548	Title: Name: Address: City-St-Zi	24 NE WA	(X) Change()Addition STEPHEN LTER MARTIN ROAD LTON BEACH, FL 32548	

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: GEORGE CREWS D 02/10/2009