2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#717800

FILED Jan 11, 2008 Secretary of State

Entity Name: ORMOND BEACH KIWANIS FOUNDATION INC.

Current Principal Place of Business: New Principal Place of Business: P.O. BOX 1558 1575 OCEAN SHORE BLVD. ORMOND BEACH, FL 321751558 US #906 ORMOND BEACH, FL 32176 US **Current Mailing Address: New Mailing Address:** P.O. BOX 1558 ORMOND BEACH, FL 321751558 US FEI Number: 59-6241478 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CARPENTER, KEN S 1575 OCEAN SHORE BLVD. #906 ORMOND BEACH, FL 32176 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Delete () Change () Addition RADCLIFFE, JOSEPH O Name: Name: 1116 MADRID AVE Address: Address: City-St-Zip: DAYTONA BEACH, FL 32114 City-St-Zip: Title: SD Title: (X) Delete () Change () Addition ROHM, BILL Name: Name: Address: 3 SUNWOOD TR Address: City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: Title: () Delete Title: () Change () Addition CARPENTER, KEN S Name: Name: 1575 OCEAN SHORE BLVD., #906 Address: Address: City-St-Zip: ORMOND BEACH, FL 32176 City-St-Zip: Title: VD () Delete Title: () Change () Addition Name: KENNETH, HINKLE H Name: 1 JOHN ANDERSON DRIVE, APT. 515 Address: Address: City-St-Zip: ORMOND BEACH, FL 32176 City-St-Zip: Title: VD () Delete Title: PD (X) Change () Addition STROUD, ROBERT M STROUD, ROBERT M Name: Name: 32 IROQUOIS TRL 32 IROQUOIS TRL Address: Address: City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: ORMOND BEACH, FL 32174 Title: () Delete Title: () Change (X) Addition BURTON, ALAN Name: Name: Address: Address: 915 OCEAN SHORE BLVD APT 707 ORMOND BEACH, FL 32176 83 City-St-Zip: City-St-Zip:

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: KEN CARPENTER TD 01/11/2008