

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717800

FILED
Mar 03, 2009
Secretary of State

Entity Name: ORMOND BEACH KIWANIS FOUNDATION INC.

Current Principal Place of Business:

1575 OCEAN SHORE BLVD.
#906
ORMOND BEACH, FL 32176 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1558
ORMOND BEACH, FL 321751558 US

New Mailing Address:

FEI Number: 59-6241478

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARPENTER, KEN S
1575 OCEAN SHORE BLVD.
#906
ORMOND BEACH, FL 32176 US

Name and Address of New Registered Agent:

GILLESPIE, JAN
204 CARIB DRIVE
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: JAN GILLESPIE

03/03/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: CARPENTER, KEN S
Address: 1575 OCEAN SHORE BLVD., #906
City-St-Zip: ORMOND BEACH, FL 32176

Title: VD () Delete
Name: KENNETH, HINKLE H
Address: 1 JOHN ANDERSON DRIVE, APT. 515
City-St-Zip: ORMOND BEACH, FL 32176

Title: PD () Delete
Name: STROUD, ROBERT M
Address: 32 IROQUOIS TRL
City-St-Zip: ORMOND BEACH, FL 32174

Title: VD () Delete
Name: BURTON, ALAN
Address: 915 OCEAN SHORE BLVD APT 707
City-St-Zip: ORMOND BEACH, FL 32176 83

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: GILLESPIE, JAN
Address: 204 CARIB DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: CARPENTER, KEN S
Address: 1575 OCEAN SHORE BLVD #906
City-St-Zip: ORMOND BEACH, FL 32176

Title: () Change () Addition
Name:
Address:
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: JAN GILLESPIE

TD

03/03/2009

Electronic Signature of Signing Officer or Director

Date