


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2007 8:00 am**  
**Secretary of State**

03-29-2007 90033 009 \*\*\*\*61.25

<b>DOCUMENT # 721566</b>	
1. Entity Name	
KIWANIS CLUB OF COCOA, FLORIDA, ACTIVITIES FUND, INC.	

Principal Place of Business	Mailing Address
P.O. BOX 1121 COCOA FL 32923	P.O. BOX 1121 COCOA FL 32923

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country
Zip	Country

4. FEI Number	Applied For
23-7160364	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

1st MOORE CR2E037 (10/06)



6. Name and Address of Current Registered Agent
BARTALOT, THOMAS W 1838 BARRINGTON CR ROCKLEDGE FL 32955

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	NAME
NAME	MCNEAL, MARY
STREET ADDRESS	58 COLONIAL DR.
CITY-ST-ZIP	COCOA BEACH FL 32931
<input checked="" type="checkbox"/> Delete	
TITLE	NAME
NAME	BARFIELD, CHARLES
STREET ADDRESS	1004 JERSEY STREET
CITY-ST-ZIP	PT. ST. JOHN FL 32927
<input type="checkbox"/> Delete	
TITLE	NAME
NAME	WATSON, VIC
STREET ADDRESS	4760 BRENTWOOD DR
CITY-ST-ZIP	COCOA FL 32927
<input checked="" type="checkbox"/> Delete	
TITLE	NAME
NAME	SNODGRASS-NEAL, JOSIAH
STREET ADDRESS	484 COLLINS ST SE
CITY-ST-ZIP	PALM BAY FL 32909
<input type="checkbox"/> Delete	
TITLE	NAME
NAME	BARTALOT, TOM
STREET ADDRESS	1838 BARRINGTON CR
CITY-ST-ZIP	ROCKLEDGE FL 32955
<input type="checkbox"/> Delete	
TITLE	NAME
NAME	EZEKIAL, CLIFTON
STREET ADDRESS	805 CLIFTON COVE CT
CITY-ST-ZIP	COCOA FL 32926
<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME
NAME	PRESIDENT PRICE, EDWARD
STREET ADDRESS	963 ISABLE LN.
CITY-ST-ZIP	ROCKLEDGE, FL. 32955
<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE	NAME
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> Change	<input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Thomas W. Bartalot THOMAS W. BARTALOT 3/5/07 321 544 6296