

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90030 003 ****61.25

DOCUMENT # 734796					
1. Entity Name KIWANIS CLUB OF FORT WALTON BEACH, FLORIDA, INC.					
Principal Place of Business 45 BEAL PARKWAY N.E. PO BOX 2198 FT WALTON BEACH, FL 32549			Mailing Address 45 BEAL PARKWAY N.E. PO BOX 2198 FT WALTON BEACH, FL 32549		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1007884	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BARKER, GENE G 45 BEAL PARKWAY NE FT WALTON BCH, FL 32569			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 _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE PE	NAME GRISSOM, RON	<input type="checkbox"/> Delete		TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 154 HOMEWOOD DRIVE	FORT WALTON BEACH, FL 32548		STREET ADDRESS	CITY-ST-ZIP	
TITLE VP	NAME HARDY, BEV	<input type="checkbox"/> Delete		TITLE PE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 703 HICKORY STREET	DESTIN, FL 32541		STREET ADDRESS	CITY-ST-ZIP	
TITLE D	NAME WOOD, FRANK	<input checked="" type="checkbox"/> Delete		TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 670 NAVY STREET	FORT WALTON BEACH, FL 32547		STREET ADDRESS 857 The Masters Blvd	Shalimar, FL 32579	
TITLE SD	NAME CREWS, GEORGE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 106 POINT COMFORT RD.	MARY ESTHER, FL 32569		STREET ADDRESS	CITY-ST-ZIP	
TITLE TDD	NAME SISNEROS, JOAN	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1741 BAYSHORE DRIVE	NICEVILLE, FL 32578		STREET ADDRESS	CITY-ST-ZIP	
TITLE P	NAME CORSENTINO, CINDY	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 157 BEAL PARKWAY	FORT WALTON BEACH, FL 32548		STREET ADDRESS	CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>By: Joan Sisneros</u>		<u>JOAN SISNEROS</u>		Date: <u>2-5-04</u>	Daytime Phone #: <u>(850) 664-9585</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					