2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734796

FILED Feb 08, 2008 Secretary of State

Entity Name: KIWANIS CLUB OF FORT WALTON BEACH, FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

45 BEAL PARKWAY N.E. FT WALTON BEACH, FL 32549

Current Mailing Address: New Mailing Address:

45 BEAL PARKWAY N.E. PO BOX 2198 FT WALTON BEACH, FL 32549

FEI Number: 59-1007884 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:

BARKER, GENE G 45 BEAL PARKWAY NE FT WALTON BCH, FL 32569 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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete CREWS, GEORGE C BALLARD, BERNARD Name: Name: 106 POINT COMFORT ROAD Address: 79 MEIGS DRIVE Address: City-St-Zip: MARY ESTHER, FL 32569 US City-St-Zip: SHALIMAR, FL 32579 US

Title: () Delete Title: (X) Change () Addition SPIVEY, LON Name: CREWS, GEORGE C Name:

Address: 619 POWELL DR Address: 106 POINT COMFORT ROAD City-St-Zip: FORT WALTON BEACH, FL 32547 City-St-Zip: MARY ESTHER, FL 32569 US

Title: () Delete Title: (X) Change () Addition BALLARD, BERNARD BYERLEY, BILL Name: Name:

117 COUNTRY CLUB DRIVE Address: 79 MEIGS DRIVE Address: City-St-Zip: SHALIMAR, FL 32579 City-St-Zip: SHALIMAR, FL 32579 US

(X) Change () Addition Title: () Delete Title:

Name: BALLARD, DANA Name: HIGGINS, LANE 79 MEIGS DRIVE 13 LAURIE DRIVE, NE Address: Address:

City-St-Zip: SHALIMAR, FL 32579 City-St-Zip: FORT WALTON BEACH, FL 32548 US

Title: () Delete Title: (X) Change () Addition BYERLEY, BILL HICKENBOTHAM, RICHARD Name: Name:

117 COUNTRY CLUB DRIVE 139 WALTON DRIVE Address: Address:

City-St-Zip: SHALIMAR, FL 32579 City-St-Zip: FORT WALTON BEACH, FL 32548 US

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: BERNARD BALLARD **PRES** 02/08/2008