2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2004
Secretary of State

DOCUMENT# 762331

Entity Name: KIWANIS CLUB OF BAREFOOT BAY, FLORIDA., INC.

Current Principal Place of Business:

618 BOUGAINVILLEA CIR
BAREFOOT BAY, FL 32976 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 779-178
BAREFOOT BAY, FL 32976 US

New Mailing Address:

FEI Number: 59-2094324 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DACE, JAMES
1215 WATERWAY DRIVE
BAREFOOT BAY, FL 32976 US

Name and Address of New Registered Agent:

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:

Title:	D	( ) Delete
Name:	CRAIGIE, ROBERT	
Address:	717 N OLEANDER CIRCLE	
City-St-Zip:	BAREFOOT BAY, FL 32976	
Title:	T	( ) Delete
Name:	DACE, JAMES	
Address:	1215 WATERWAY DRIVE	
City-St-Zip:	BAREFOOT BAY, FL 32976	
Title:	VD	( ) Delete
Name:	PEARSON, RICHARD	
Address:	1217 CALUSA DRIVE	
City-St-Zip:	BAREFOOT BAY, FL 32976	
Title:	PD	( ) Delete
Name:	WALKER, CHARLES	
Address:	618 BOUGAINVILLEA CIRCLE	
City-St-Zip:	BAREFOOT BAY, FL 32976	
Title:	D	( ) Delete
Name:	WESCHLER, EUGENE	
Address:	1023 ROYAL PALM DRIVE	
City-St-Zip:	BAREFOOT BAY, FL 32976	
Title:	SD	( ) Delete
Name:	JOHNSON, HELEN	
Address:	1213 CALUSA DRIVE	
City-St-Zip:	BAREFOOT BAY, FL 32976	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	VD	(X) Change ( ) Addition
Name:	CRAIGIE, ROBERT	
Address:	717 N OLEANDER CIRCLE	
City-St-Zip:	BAREFOOT BAY, FL 32976	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	RAND, PAUL	
Address:	1216 CALUSA DRIVE	
City-St-Zip:	BAREFOOT BAY, FL 32976	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAMES DACE T 03/02/2004

Electronic Signature of Signing Officer or Director — Date