2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762667

Entity Name: KIWANIS CLUB OF THE TRAILS, INC.

FILED Jul 05, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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131 EXECUTIVE CIRCLE 100 LACOSTA LN

STE. B STE. 100

DAYTONA BEACH, FL 321141180 US DAYTONA BEACH, FL 321148158 US

Current Mailing Address: New Mailing Address:

131 EXECUTIVE CIRCLE 100 LACOSTA LN

STE. B STE. 100
DAYTONA BEACH, FL 321141180 US DAYTONA BEACH, FL 321148158 US

FEI Number: 59-2166728 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:

GREGORY, PAULA M
131 EXECUTIVE CIRCLE
STE. B

GREGORY, PAULA M
100 LACOSTA LN
STE. 100

DAYTONA BEACH, FL 321141180 US DAYTONA BEACH, FL 321148158 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: PAULA M. GREGORY 07/05/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Name:BAKER, BARRYName:BAKER, BARRYAddress:22 SOUTH BEACH STREETAddress:22 SOUTH BEACH STREETCity-St-Zip:ORMOND BCH, FL 32174City-St-Zip:ORMOND BCH, FL 32174

Title: SD () Delete Title: () Change () Addition

 Name:
 SLAUGHTER, LEWIS W
 Name:

 Address:
 595 N NOVA ROAD #1070
 Address:

 City-St-Zip:
 ORMOND BEACH, FL 32174
 City-St-Zip:

Title: TD () Delete Title: () Change () Addition

 Name:
 GREGORY, PAULA M
 Name:

 Address:
 131 EXECUTIVE CIRCLE #B
 Address:

 City-St-Zip:
 DAYTONA BEACH, FL 321141180
 City-St-Zip:

Title: P () Delete Title: () Change () Addition

 Name:
 SCOTTI, JOHN
 Name:

 Address:
 60 SUNNY SHORE DRIVE
 Address:

 City-St-Zip:
 ORMOND BEACH, FL 32176
 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: PAULA M. GREGORY T 07/05/2004