## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 762667** 

FEI Number: 59-2166728

FILED Feb 03, 2008 Secretary of State

Certificate of Status Desired ( )

Entity Name: KIWANIS CLUB OF THE TRAILS, INC.

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

100 LACOSTA LN

ORMOND BEACH, FL 32174 US STE. 100

DAYTONA BEACH, FL 321148158 US

**New Mailing Address: Current Mailing Address:** 

100 LACOSTA LN 3 AZTEC TR

FEI Number Applied For ( )

STE. 100 ORMOND BEACH, FL 32174 US

DAYTONA BEACH, FL 321148158 US

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GREGORY, PAULA M LEONARD, DAVID G 100 LACOSTA LN 3 AZTEC TR.

STE. 100 ORMOND BEACH, FL 32174 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.

FEI Number Not Applicable ( )

SIGNATURE: DAVID G. LEONARD 02/03/2008

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PS () Change () Addition () Delete

SHAPIRO, PHILIP Name: Name: 140 OLD MILL RUN Address: Address: City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip:

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

GREGORY, PAULA M Name: Name: LEONARD, DAVID G

Address: 131 EXECUTIVE CIRCLE #B Address: 3 AZTEC TR.

City-St-Zip: DAYTONA BEACH, FL 321141180 City-St-Zip: ORMOND BEACH, FL 32174

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

HUHTA, NED Name: Name: 531 SANDY OAK BLVD Address: Address: City-St-Zip: ORMOND BEACH, FL 321746129 City-St-Zip:

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: DAVID G. LEONARD TD 02/03/2008