2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State
05-07-2002 90249 039 ****61.25

DOCUMENT # N00000006028

1. Entity Name

THE KIWANIS FOUNDATION OF NEW SMYRNA BEACH, INC.

Principal Place of Business	Mailing Address
P. O. BOX 905 NEW SMYRNA BCH FL 32170	P. O. BOX 905 NEW SMYRNA BCH FL 32170

DO NOT WRITE IN THIS SPACE

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 59-6168929 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THURLOW, ROBERT S 415 CANAL ST. NEW SMYRNA BCH FL 32168	Name: Galiano, Alfred A. Street Address (P.O. Box Number is Not Acceptable): 412 Schooner Ave City: Edgewater **FL** Zip Code: 32141

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.

SIGNATURE Alfred A. Galiano 4/22/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GALIANO, ALFRED 412 SCHOONER EDGEWATER FL 32141	☐ Delete	TITLE S NAME STREET ADDRESS CITY-ST-ZIP	Galiano, Alfred 412 Schooner Ave Edgewater, FL 32141	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BAKER, FRED 1226 WAYNE AVE. NEW SMYRNA BCH FL 32168	☐ Delete	TITLE P NAME STREET ADDRESS CITY-ST-ZIP	Goodrich, Cecil 501 Hidden Pines New Smyrna Beach, FL 32168	☐ Change X ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POULIN, KENNETH R 182 FLAMINGO RD. EDGEWATER FL 32141	☐ Delete	TITLE VP NAME STREET ADDRESS CITY-ST-ZIP	Poulin, Kenneth R. 182 Flamingo Rd. Edgewater, FL 32141	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE VP NAME STREET ADDRESS CITY-ST-ZIP	Noss, Rachael 170 Slash Pine Ct. New Smyrna Beach, FL 32168	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Holt, Gina 310 Canal St. New Smyrna Beach, FL 32168	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Anderson, Dale 1760 Bayview Dr. New Smyrna Beach, FL 32168	☒ Change ☐ Addition

CR2E037 (9/01)

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: Alfred A. Galiano SIGNATURE REQUIRED 4/22/02 386-426-5752
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #