2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State
01-25-2005 90042 039 ****61.25

DOCUMENT # N00000006028

1. Entity Name
THE KIWANIS FOUNDATION OF NEW SMYRNA BEACH, INC.

40006061

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

01132005 Chg-NP CR2E037 (10/03)

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 31-1738776 ☐ 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
GALIANO, ALFRED A 412 SCHOONER AVE. EDGEWATER, FL 32141	Name: Douglas D. Hodson Street Address (P.O. Box Number is Not Acceptable): 237 Canal ST City: New Smyrna Beach FL Zip Code: 32168

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Douglas D. Hodson DATE: 1/20/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GALIANO, ALFRED 412 SCHOONER AVE. EDGEWATER, FL 32141	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Douglas D. Hodson 237 Canal ST New Smyrna Beach, fl 32168 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BAKER, FRED 1226 WAYNE AVE. NEW SMYRNA BCH, FL 32168	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD PAT Driver 2658 Sunset Dr New Smyrna Beach, f 32168 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD POULIN, KENNETH R 3021 S RIVERSIDE DR EDGEWATER, FL 32141	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D William Feger III 102 Landis ST New Smyrna Beach, fl 32168 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD NOSS, RACHAEL 171 SLASH PINE CT NEW SMYRNA BEACH, FL 32168	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Raymond Hallstrom 119 N. Cory Dr. Edgewater, fl 32141 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOLT, GINA 310 CANAL ST. NEW SMYRNA BEACH, FL 32168	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANDERSON, DALE 1760 BAYVIEW DR. NEW SMYRNA BEACH, FL 32168	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: X Douglas D. Hodson 1/20/05 386 423-2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #