Amended

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

~~PENDING~~
03-03-2008 90188 047 ****96.25
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FILED
08 MAR -3 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000006028

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

01062008 Chg-NP CR2E037 (12/06)

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

2. Principal Place of Business - No P.O. Box #: C/O 119 N. Cory Dr.
Suite, Apt. #, etc.:
City & State: Edgewater, FL
Zip: 32141
Country:

3. Mailing Address
Suite, Apt. #, etc.:
City & State:
Zip:
Country:

4. FEI Number: 31-1738775 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RAYMOND, HALLSTROM
119 N CORY DR
EDGEWATER, FL 32141

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ DATE
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, 2008

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 HALLSTROM, RAYMOND 119 NORTH CORY DRIVE EDGEWATER, FL 32141	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FEGER, WILLIAM III 102 LANDIS STREET NEW SMYRNA BEACH, FL 32168	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director John R. McBen 6240 Turtlemound Road New Smyrna Beach FL 32169	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HODSON, DOUGLAS D 237 CANAL STREET NEW SMYRNA BEACH, FL 32168	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DRIVER, PAT 106 VIA CAPRI NEW SMYRNA BEACH, FL 32169	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GARRIQUES, ROBERT 103 N ORANGE ST NEW SMYRNA BEACH, FL 32168	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PE ALONZO, ROBERT 700 GREEN ROAD NEW SMYRNA BEACH, FL 32168	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President	☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Raymond B Hallstrom 02/27/2008 386-426-7980
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #