

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 28, 2004  
Secretary of State**

DOCUMENT# N00000007531

Entity Name: KILLEARN KIWANIS CHARITIES, INCORPORATED

**Current Principal Place of Business:**

3485 HYDE PARK WAY  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

3485 HYDE PARK WAY  
TALLAHASSEE, FL 32309

**Current Mailing Address:**

3485 HYDE PARK WAY  
TALLAHASSEE, FL 32308

**New Mailing Address:**

3485 HYDE PARK WAY  
TALLAHASSEE, FL 32309

FEI Number: 59-3683882

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HOOPER, HARRY L  
3485 HYDE PARK WAY  
TALLAHASSEE, FL 32309 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: HOOPER, HARRY L  
Address: 3485 HYDE PARK WAY  
City-St-Zip: TALLAHASSEE, FL 32309

Title: D ( ) Delete  
Name: FULLER, BEN  
Address: 3504 FOBGARTY DR  
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete  
Name: ROBBINS, JOHN  
Address: 3080 WHITE IBIS WAY  
City-St-Zip: TALLAHASSEE, FL 32309

Title: D ( ) Delete  
Name: DOYAL, MARVIN  
Address: 6152 PIMLICO CT  
City-St-Zip: TALLAHASSEE, FL 32309

Title: D ( ) Delete  
Name: SMITH, DON  
Address: 3207-9 SHAMROCK E  
City-St-Zip: TALLAHASSEE, FL 32308

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: JACKSON, ALAN  
Address: 1524 OLDFIELD DRIVE  
City-St-Zip: TALLAHASSEE, FL 32308

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: HARRY L. HOOPER

D

01/28/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date