

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007531

FILED
Jan 06, 2005
Secretary of State

Entity Name: KILLEARN KIWANIS CHARITIES, INCORPORATED

Current Principal Place of Business:

3485 HYDE PARK WAY
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

3485 HYDE PARK WAY
TALLAHASSEE, FL 32309

New Mailing Address:

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: JACKSON, ALAN
Address: 1524 OLDFIELD DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

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

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

Title: D (X) Change () Addition
Name: DOYAL, FRANCIS M
Address: 6152 PIMLICO CT
City-St-Zip: TALLAHASSEE, FL 32309

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

PD

01/06/2005

Electronic Signature of Signing Officer or Director

_____ Date