

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007531

FILED
Apr 16, 2008
Secretary of State

Entity Name: KILLEARN KIWANIS CHARITIES, INCORPORATED

Current Principal Place of Business:

3805 LEANE DRIVE
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

3805 LEANE DRIVE
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:

BARGER, JR., STEPHEN J
3805 LEANE DRIVE
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: BARGER, JR, STEPHEN J
Address: 3805 LEANE DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

Title: D () Delete
Name: DOWNING, PAUL
Address: 2035 DUNEAGLE LANE
City-St-Zip: TALLAHASSEE, FL 32317

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

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

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: MAYBERRY, STEPHEN
Address: 3601 CHERRY BLUFF LANE
City-St-Zip: TALLAHASSEE, FL 32312

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

Title: D (X) Change () Addition
Name: ESHER, CHARLES
Address: 6608 TIM TAM TRAIL
City-St-Zip: TALLAHASSEE, FL 32309

Title: D () Change (X) Addition
Name: LUEBJEMANN, JOHNNYE
Address: 3379 CAMERON CHASE DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

Title: D () Change (X) Addition
Name: RYOR, JOHN
Address: 5012 TALLOW POINT DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: STEPHEN J. BARGER, JR.

_____ Electronic Signature of Signing Officer or Director

O/D

04/16/2008

_____ Date