


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90070 017 ****61.25

DOCUMENT # N01000005743

1. Entity Name
 KIWANIS CLUB OF THE BEACHES CHARITABLE FOUNDATION, INC.



Principal Place of Business
 4093 E. RICHMOND PARK DR
 JACKSONVILLE, FL 32224

Mailing Address
 4043 E. RICHMOND PARK DR.
 JACKSONVILLE, FL 32246

2. Principal Place of Business - No P.O. Box #
 4043 Richmond Park
 Suite, Apt. #, etc.
 Dr. E

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Jacksonville FL

City & State

Zip
 32224

Country
 USA

Zip
 32224

Country
 USA

40037000



03152007 Chg-NP CR2E037 (12/06)

4. FEI Number
 59-3738554

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PATTERSON, BOND & LATSHAW, P.A.
 3010 SOUTH THIRD STREET
 JACKSONVILLE BEACH, FL 32250

7. Name and Address of New Registered Agent

Name Ralph Marcello

Street Address (P.O. Box Number is Not Acceptable)
4043 Richmond Park Dr. E

City Jacksonville FL Zip Code 32224

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 Ralph Marcello Ralph Marcello 3/15/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining) DATE

Filing Fee is \$61.25
Due by May 1, 2007

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAFOND, DONALD E PO BOX 331591 ATLANTIC BEACH, FL 32233 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROBINSON, EDWARD 12896 HUNTLEY MANOR DR JACKSONVILLE, FL 32224 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARCELLO, RALPH 4043 E. RICHMOND PARK DR JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Robinson, Edward 12896 Huntley Manor Dr Jacksonville, FL 32224 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Powell, Neil 1060 12th St. North Jacksonville Beach Fl. 32250 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: R M Marcello RT Marcello 3/15/07 904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #