

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Jun 19, 2003 8:00 am
Secretary of State

6/5/03

06-05-2003 90127 032 ***61.25

DOCUMENT # N02000005091

1. Entity Name
KIWANIS CLUB OF DELAND FOUNDATION, INC.



Principal Place of Business P.O. BOX 565 DELAND FL 32721-0565 US	Mailing Address P.O. BOX 565 DELAND FL 32721-0565 US
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2. Principal Place of Business 3097 WHISPER BLVD	3. Mailing Address 3097 WHISPER BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State DE LAND FL	City & State DE LAND FL
Zip 32724-8289	Zip 32724-8289
Country USA	Country USA

4. FEI Number **51-0425564** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

JENKINS, E. GARTH
3097 WHISPER BLVD.
DELAND FL 32720

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 *E. Garth Jenkins* **SECRETARY** DATE **5/30/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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	P	<input type="checkbox"/> Delete
NAME	CAROLLE V. BEANS	
STREET ADDRESS	40 MEADOWOOD TRAIL	
CITY-ST-ZIP	DE LAND FL 32724-1353	
TITLE	VP	<input type="checkbox"/> Delete
NAME	VICTOR P. COMPE, SR	
STREET ADDRESS	2125 RIVER RD	
CITY-ST-ZIP	DE LAND FL 32720	
TITLE	T	<input type="checkbox"/> Delete
NAME	PAUL J MORSE	
STREET ADDRESS	1430 WYNGATE DR	
CITY-ST-ZIP	DE LAND FL 32724-7932	
TITLE	D	<input type="checkbox"/> Delete
NAME	JAMES R DREGGORS	
STREET ADDRESS	7006 N. WOODLAND BLVD	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMAS F. WAHDS	
STREET ADDRESS	115 LAKE WINNEMISSET DR	
CITY-ST-ZIP	DE LAND FL 32724-4810	
TITLE	D	<input type="checkbox"/> Delete
NAME	N CAROLE FLINT	
STREET ADDRESS	435 NADELLE AVE	
CITY-ST-ZIP	DE LAND FL 32720-4107	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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 61, 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: *E. Garth Jenkins* **E. GARTH JENKINS, SUIRE** DATE: **5/30/03** 386-738-1993

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)