

**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
---	---

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 <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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. <input type="checkbox"/> \$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	P CAROLLE V. BEANS 40 MEADOWOOD TRAIL DE LAND FL 32724-1353 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VICTOR P. COMPE, SR 2125 RIVER RD DE LAND FL 32720 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PAUL J MORSE 1430 WYNGATE DR DE LAND FL 32724-7932 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES R DREGGORS 7006 N. WOODLAND BLVD DELAND FL 32720 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS F. WARD 115 LAKE WINNEMISSET DR DE LAND FL 32724-4810 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICAROLE FLINT 435 NADELLE AVE DE LAND FL 32720-4107 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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
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 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 611, 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** Daytime Phone #: **386-738-1993**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)