

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002730

FILED
May 08, 2007
Secretary of State

Entity Name: KIWANIS CLUB OF DELTONA, FLORIDA, INCORPORATED

Current Principal Place of Business:

P O BOX 5127
DELTONA, FL 327285127

New Principal Place of Business:

SAXTON BLVD
DELTONA, FL 32728 US

Current Mailing Address:

P O BOX 5127
DELTONA, FL 327285127

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BACOM, DEBORAH
2347 ROYAL RD
DELAND, FL 32724 US

Name and Address of New Registered Agent:

BROWN, JOYCE
108 LAKE BUTLER AVENUE
HAINES CITY, FL 33844 US

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: JOYCE A BROWN

05/08/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JERRY, FITTS
Address: 226 VALENCIA ROAD
City-St-Zip: DEBARY, FL 32713

Title: S () Delete
Name: BACOM, DEBORAH
Address: 2347 ROYAL RD
City-St-Zip: DELAND, FL 32724

Title: T () Delete
Name: HEYAN, JACK
Address: 1953 VIKING AVE
City-St-Zip: DELTONA, FL 32725

Title: VP () Delete
Name: MATTISON, KEITH
Address: 2239 ADELIA BLVD.
City-St-Zip: DELTONA, FL 32725

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MATTISON, KEITH
Address: 1345 SHADOW RIDGE DRIVE
City-St-Zip: DELTONA, FL 32725

Title: S (X) Change () Addition
Name: BROWN, JOYCE
Address: 108 LAKE BUTLER AVENUE
City-St-Zip: HAINES CITY, FL 33844

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

Title: VP (X) Change () Addition
Name: LIDDIE, MAVIS
Address: 1260 SECTION TRAIL LINE ROAD
City-St-Zip: DELTONA, FL 32725

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: JOYCE A BROWN

S

05/08/2007

Electronic Signature of Signing Officer or Director

Date