
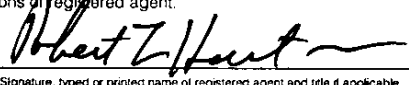
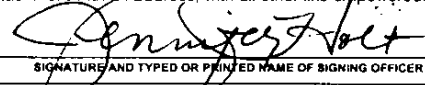


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90062 046 \*\*\*\*61.25

<b>DOCUMENT # N04000010603</b> 1. Entity Name <b>THE KIWANIS CLUB OF UMATILLA FOUNDATION INC.</b>					
Principal Place of Business <b>537 N UMATILLA BLVD. UMATILLA, FL 32784</b>			Mailing Address <b>537 N UMATILLA BLVD. UMATILLA, FL 32784</b>		
2. Principal Place of Business - No P.O. Box # <b>537 Umatilla Blvd</b>		3. Mailing Address <b>537 Umatilla Blvd</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Umatilla FL</b>		City & State <b>Umatilla</b>		4. FEI Number <b>20-1860239</b>	
Zip <b>32784</b>		Country <b>US</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				01072008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent  <b>HARTMAN, MARTHA C 537 N UMATILLA BLVD UMATILLA, FL 32784</b>			7. Name and Address of New Registered Agent Name <b>Robert L. Hartman</b> Street Address (P.O. Box Number is Not Acceptable) <b>537 Umatilla Blvd</b> City <b>Umatilla</b> FL <b>32784</b>		
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  <b>Robert L. Hartman</b> <b>01/07/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>RAWLS, DAVID</b> <b>100 QUERRANT ST</b> <b>UMATILLA, FL 32784</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES <b>JENNIFER HOLT</b> <b>6595 KYRKHAM CT</b> <b>SANFORD FL 32771</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>SKOVERA, JENNIFER</b> <b>6595 KYRKHAM CT</b> <b>SANFORD, FL 32771</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES-ELECT <b>BENITA DIXON</b> <b>11 CENTRAL AVE</b> <b>UMATILLA FL 32784</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>THOMAS, ROSE</b> <b>41612 SILVER DRIVE</b> <b>UMATILLA, FL 32784</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>ROBERT R JOHNSON</b> <b>14701 CR 450</b> <b>UMATILLA FL 32784</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>ROYAL, RICHARD</b> <b>39025 ROSE STREET</b> <b>UMATILLA, FL 32784</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>RUFUS A FREEMAN</b> <b>41437 SILVER DR</b> <b>UMATILLA FL 32784</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>MARTIN, BENITA</b> <b>11 CENTRAL AVENUE</b> <b>UMATILLA, FL 32784</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>GEOFFREY PRESSON</b> <b>41230 SILVER DR</b> <b>UMATILLA FL 32784</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>HARTMAN, MARTHA C</b> <b>537 N UMATILLA BLVD</b> <b>UMATILLA, FL 32784</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>RICHARD LINT</b> <b>703 FLETCHER RD</b> <b>UMATILLA FL 32784</b>	<input type="checkbox"/> Change <input checked="" 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:  <b>JENNIFER HOLT</b> <b>1/15/08</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>1/15/08</b> <small>Daytime Phone #</small>		