2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011673

FILED Apr 28, 2007 Secretary of State

Entity Name: KIWANIS CLUB OF FERNANDINA BEACH, FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business: 914 ATLANTIC AVENUE SUITE 2E FERNANDINA BCH, FL 32034 **New Mailing Address: Current Mailing Address:** P. O. BOX 6415 FERNANDINA BCH, FL 320356415 FEI Number: 59-6168907 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SHROADS, JAMES L 914 ATLANTIC AVENUE SUITE 2E FERNANDINA BCH, FL 32034 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition FALLIN, EVANS SCHLEGEL, DAVID Name: Name: 4940 WINDWARD PLACE Address: 1677 BEACHWALKER ROAD Address: City-St-Zip: FERNANDINA BEACH, FL 32034 US City-St-Zip: FERNANDINA BEACH, FL 32034 US Title: () Delete Title: (X) Change () Addition SCHLEGAL, DAVID Name: FLOOD, FRANCIS Name: Address: 1677 BEACHWALKER ROAD Address: P.O. BOX 1257 City-St-Zip: FERNANDINA BEACH, FL 32034 US City-St-Zip: YULEE, FL 32041 US Title: S/D () Delete Title: S/D (X) Change () Addition FLOOD, FRANCIS DICKSON, BETTY Name: Name: 3034 ROBERT OLIVER AVENUE Address: P.O. BOX 1257 Address: City-St-Zip: YULEE, FL 32041 US City-St-Zip: FERNANDINA BEACH, FL 32034 US Title: T/D () Delete Title: () Change () Addition Name: PALLEN, MICHAEL Name: Address: 5 OAK POINT DRIVE Address: City-St-Zip: FERNANDINA BEACH, FL 32034 US City-St-Zip: Title: () Delete Title: (X) Change () Addition SHROADS, JAMES L Name: Name: FALLIN, EVANS 4940 WINDWARD PLACE 914 ATLANTIC AVENUE 2E Address: Address: FERNANDINA BEACH, FL 32034 City-St-Zip: FERNANDINA BEACH, FL 32034 City-St-Zip: Title: () Delete Title: () Change (X) Addition SHROADS, JAMES L Name: Name: Address: Address: 914 ATLANTIC AVENUE 2E FERNANDINA BEACH, FL 32034 US City-St-Zip: City-St-Zip:

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: JAMES L. SHROADS D 04/28/2007