


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2007 FEB 12 AM 11: 09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000004586		
1. Entity Name THE KIWANIS CLUB OF DESTIN FOUNDATION, INC.		

Principal Place of Business P.O. BOX 1360 DESTIN, FL 32540	Mailing Address P.O. BOX 1360 DESTIN, FL 32540
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2. Principal Place of Business 40 11th Street #87	3. Mailing Address P.O. Box 1360
Suite, Apt. #, etc.	Suite Apt # etc
City & State Shalimar, Florida	City & State Destin, FL
Zip 32579	Country USA
Zip 32579	Country USA

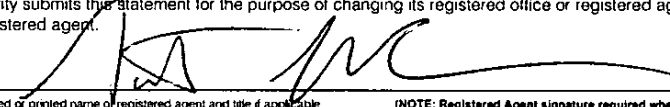


10092006 REIN-NP CR2E099 (11/05)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HAVENS, JASON E 4400 EAST HIGHWAY 20 SUITE 211 NICEVILLE, FL 32578	7. Name and Address of New Registered Agent Name Scott M. Campbell Street Address (P.O. Box Number is Not Acceptable) Clark, Partington, Hart, Larry, Bond & Stackhouse 34990 Emerald Coast Parkway, Suite 301 City Destin FL Zip Code 32541
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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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE 2/8/07
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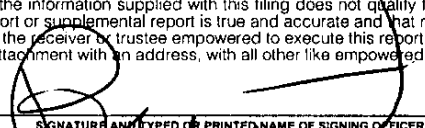
FILE NOW!!! FEE IS \$61.25 After January 1, 2007, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLANKENSHIP, GAIL P.O. BOX 1360 DESTIN, FL 32540 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Pamela Martin P.O. Box 1360 Destin FL 32540 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHIDDEN, KATHY P.O. BOX 1360 DESTIN, FL 32540 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Kim Bradley P.O. Box 1360 Destin, FL 32540 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, PAM P.O. BOX 1360 DESTIN, FL 32540 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Jeremy Morse 281 Vinings Way Blvd. #1305 Destin, FL 32541 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Jennifer M. Lovell 208 Panther Ct Destin, FL 32541 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT 06-07

100081123431
10/23/06--01059--016 **\$61.25

100081123431
02/19/07--01006--008 **\$61.25

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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