2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
2006 DEC -5 PM 3:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000008936

1. Entity Name
KIWANIS CLUB OF CENTRAL DAYTONA BEACH FOUNDATION, INC.

Principal Place of Business	Mailing Address
532 DR. MM BETHUNE BLVD. DAYTONA BEACH, FL 32114	532 DR. MM BETHUNE BLVD. DAYTONA BEACH, FL 32114

12/24/06 01049 018 245.00

10122006 REIN-NP CR2E099 (11/05)

2. Principal Place of Business	3. Mailing Address
532 Dr. MM Bethune Blvd.	P. O. Box 1843
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Daytona Beach, Fl	City & State: Daytona Beach, Fl
Zip: 3211[illegible] Country: VOlusia	Zip: 32115 Country: Volusia

4. FEI Number: 202273412 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COVINGTON, SYLVESTER 532 DR. MM BETHUNE BLVD. DAYTONA BEACH, FL 32114	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 [signature] SYLVESTER COVINGTON (Register) 11/30/2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $236.25
After January 1, 2007, Fee will be $297.50

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P TAYLOR, PATRICIA P.O. BOX 10804 DAYTONA BEACH, FL 32120	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Williams, Ophelia 400 Dr. M. M. Bethune Blvd Daytona Beach, Fl. 32114	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP FORT, WILLIAM 75 SPRING MEADOWS DRIVE ORMOND BEACH, FL 32174	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P Hayes, Edward 801 S. Kottle Circle Daytona Beach, Fl. 32114	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PE WILLIAMS, OPHELIA 400 DR. M. M. BETHUNE BLVD. DAYTONA BEACH, FL 32114	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P.E. Hanley, Richard P. O. Box 251155 Holly Hill, Fl. 32125	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC CONRAD, LYNN 1216 TURNBULL STREET NEW SMYRNA BEACH, FL 32168	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC. Stamatis, Debbie 5215 Isabelle Ave Port Orange, Fl. 32127	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	B 12/5/06	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Ophelia M. Williams (President) 11/30/2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date
Ophelia Williams (386) 255-7851
Daytime Phone #