

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90055 037 *****70.00

DOCUMENT # N05000008936					
1. Entity Name KIWANIS CLUB OF CENTRAL DAYTONA BEACH FOUNDATION, INC.					
Principal Place of Business 532 DR. MM BETHUNE BLVD. DAYTONA BEACH, FL 32114			Mailing Address P.O. BOX 1843 DAYTONA BEACH, FL 32115		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-2273412	
5. Certificate of Status Desired <input type="checkbox"/>				\$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		Sylvester Covington, Registered Agent			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
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	SEC STAMATIS, DEBBIE 5215 ISABELLE AVE PORT ORANGE, FL 32127		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Pres. HAYES, EDWARD 801 S KOTLE CIRCLE DAYTONA BEACH, FL 32114		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, OPHELIA 400 DR. M. M. BETHUNE BLVD. DAYTONA BEACH, FL 32114		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.E. HANLEY, RICHARD P.O. BOX 251155 HOLLY HILL, FL 32125		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. P Chester, Gerald 220 Zeharias Circle Daytona Beach, FL 32124		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES. Lewis, Lisa R. 1084 Amanda Road Daytona Beach, FL 32114		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:		Tres. Lisa R. Lewis			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

40022280



01182008 Chg-NP CR2E037 (12/06)

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

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

Sylvester Covington, Registered Agent

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25

Due by May 1, 2008

9. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

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

SEC

STAMATIS, DEBBIE

5215 ISABELLE AVE

PORT ORANGE, FL 32127

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VP Pres.

HAYES, EDWARD

801 S KOTLE CIRCLE

DAYTONA BEACH, FL 32114

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

P

WILLIAMS, OPHELIA

400 DR. M. M. BETHUNE BLVD.

DAYTONA BEACH, FL 32114

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

P.E.

HANLEY, RICHARD

P.O. BOX 251155

HOLLY HILL, FL 32125

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

V. P

Chester, Gerald

220 Zeharias Circle

Daytona Beach, FL 32124

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TRES.

Lewis, Lisa R.

1084 Amanda Road

Daytona Beach, FL 32114

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SIGNATURE:

Tres. Lisa R. Lewis

Date

Daytime Phone #

(386) 562-0009 Cell

2/7/08