



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90237 029 \*\*\*\*61.25

<b>DOCUMENT # N05000011118</b> 1. Entity Name KIWANIS CLUB OF FT. KING AT OCALA, FLORIDA, INC.					
Principal Place of Business ELKS CLUB LODGE # 286 P.O. BOX 486 OCALA, FL 34478-0486				Mailing Address ELKS CLUB KIWANIS CLUB OF FORT KING P.O. BOX 486 OCALA, FL 34478-0486	
2. Principal Place of Business - No P.O. Box # <b>702 NE. 25 AVE.</b>		3. Mailing Address <b>P.O. Box 6835</b>		<div style="font-size: 24px; font-weight: bold;">40084872</div> 	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>OCALA FL</b>		City & State <b>OCALA FL</b>			
Zip <b>34470-6318</b>		Zip <b>34478-6835</b>			
Country <b>USA</b>		Country <b>USA</b>		4. FEI Number <b>APPLIED FOR 74-3039971</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>COLE, JANICE</b> <b>4551 S.E. 39TH COURT</b> <b>OCALA, FL 34480</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <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</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>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>COLE, JANICE</b> <input checked="" type="checkbox"/> Delete <b>P.O. BOX 486</b> <b>OCALA, FL 344780486</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>LAURIE, DON</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>P.O. Box 6835</b> <b>OCALA FL 34478 6835</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>LAURIE, DON</b> <input checked="" type="checkbox"/> Delete <b>P.O. BOX 486</b> <b>OCALA, FL 344780486</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>GREEN, JUDY</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>P.O. Box 6835</b> <b>OCALA FL 34478 6835</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>CLAUDIO, LAINIE</b> <input type="checkbox"/> Delete <b>P.O. BOX 486</b> <b>OCALA, FL 344780486</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>P.O. Box 6835</b> <b>OCALA FL 34478 6835</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>HENRY, BARBARA</b> <input type="checkbox"/> Delete <b>P.O. BOX 486</b> <b>OCALA, FL 344780486</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>P.O. Box 6835</b> <b>OCALA FL 34478 6835</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>BARBER, KET</b> <input type="checkbox"/> Delete <b>P.O. BOX 486</b> <b>OCALA, FL 344780486</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>P.O. Box 6835</b> <b>OCALA FL 34478 6835</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>GREEN, JUDY</b> <input checked="" type="checkbox"/> Delete <b>P.O. BOX 486</b> <b>OCALA, FL 344780486</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Piccin, JOHN</b> <b>P.O. Box 6835</b> <b>OCALA FL 34478 6835</b>	
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.					
<b>SIGNATURE: <u>Don Laurie</u> DON LAURIE 4/17/07 352-368-8390</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					