

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 02, 2007
Secretary of State**

DOCUMENT# N06000009219

Entity Name: KIWANIS CLUB OF BAKER COUNTY, INC.

Current Principal Place of Business:

595 SOUTH SIXTH STREET
MACCLENNY, FL 32063 US

New Principal Place of Business:

Current Mailing Address:

595 SOUTH SIXTH STREET
MACCLENNY, FL 32063 US

New Mailing Address:

FEI Number: 20-5468208 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

YARBOROUGH, ROGER
595 SOUTH SIXTH STREET
MACCLENNY, FL 32063 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: OGLESBY, CINDY
Address: 595 SOUTH SIXTH STREET
City-St-Zip: MACCLENNY, FL 32063 US

Title: VP () Delete
Name: KENNEDY, JOHN
Address: 595 SOUTH SIXTH STREET
City-St-Zip: MACCLENNY, FL 32063 US

Title: S () Delete
Name: MANN, HOLLY
Address: 595 SOUTH SIXTH STREET
City-St-Zip: MACCLENNY, FL 32063 US

Title: T () Delete
Name: YARBOROUGH, ROGER
Address: 595 SOUTH SIXTH STREET
City-St-Zip: MACCLENNY, FL 32063 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: JOE, RUISE
Address: 595 SOUTH SIXTH STREET
City-St-Zip: MACCLENNY, FL 32063 US

Title: S (X) Change () Addition
Name: BECKER, JUDY
Address: 595 SOUTH SIXTH STREET
City-St-Zip: MACCLENNY, FL 32063 US

Title: T (X) Change () Addition
Name: MARGIE, CROFT
Address: 595 SOUTH SIXTH STREET
City-St-Zip: MACCLENNY, FL 32063 US

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: MARGIE CROFT

T

07/02/2007

Electronic Signature of Signing Officer or Director

_____ Date