2005 NOT-FOR-PROFIT CORPORATION

Feb 22, 2005 8:00 am Secretary of State ANNUAL REPORT (AR) DOCUMENT # N10258 02-22-2005 90033 014 ****70.00 1. Entity Name KIWANIS CLUB OF THE PLAYGROUND AREA, INC. Principal Place of Business Mailing Address 315 HOLLYWOOD BEVD SASTION YWOOD BEVD 50017837 MARY ESTHER FL 32569 3. Mailing Address Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) 4. FEI Number Applied For 59-6569622 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ffeur DODD, DÔNNE 713 OVERBROOK DR is Not Acceptable) FORT WALTON BEACH FL 32547 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 agent and litle if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 \$5.00 May Be 9. Election Campaign Financing Make Check Payable to Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. TITLE TITLE Change Addition Delete YOUNG, SHIRLEY NAME NAME eftew Estival St. 315 HOLLYWOOD BLVD STREET ADDRESS STREET ADORESS MARY ESTHER FL 32569 32547 CITY-ST-ZIP CITY - ST-7IP Past Prus. Delete TITLE Director Dodd Donnie Dodd ☐ Change Addition TITLE SEEN, RICHARD NAME NAME 713 Over Dreck 133 WOODBINE CIRCLE STREET ADDRESS STREET ADDRESS FORT WALTON BEACH FL 32548 CITY-ST-ZIP CITY-ST-ZIP F1 32547 2 Pres. Flect Delete Addition TITLE ☐ Change TIFLE BURTON, ROBERT NAME Emily Conde Lake Larriane 360 BRIAN CIRCLE STREET ADDRESS STREET ADDRESS FORT WALTON BEACH FL 32548 F1. 32647 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE TEW, RANDY NAME NAME 271 BRIAN CIRCLE STREET ADDRESS STREET ADDRESS MARY ESTHER FL 32569 CITY-ST-ZIP CITY-ST-7/P STEWART, TOM TITLE Change Addition TITLE ☐ Defete NAME NAME 945 F ASHLEY LANE STREET ADDRESS STREET ADDRESS FORT WALTON BEACH FL 32547 CITY-ST-ZIP CITY-ST-ZIP # Treasurer TITLE ☐ Defete TITLE ☐ Change ☐ Addition DODD, KATHIE

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

FORT WALTON BEACH FL 32547

413 OVERBROOK DR

NAME

STREET ADDRESS

CITY-ST-7IP

2/5/05 850-863-5312

FILED