

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10258

FILED
Jan 07, 2008
Secretary of State

Entity Name: KIWANIS CLUB OF THE PLAYGROUND AREA, INC.

Current Principal Place of Business:

945-F ASHLEY LANE
FORT WALTON BEACH, FL 32547 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 507
SHALIMAR, FL 32579 US

New Mailing Address:

FEI Number: 59-6569622 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STEWART, TOM
945-F ASHLEY LANE
FORT WALTON BEACH, FL 32547 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: TD () Delete
Name: HORN, PAUL D
Address: 617 CAMBRIDGE AVE NE
City-St-Zip: FORT WALTON BEACH, FL 325471839 US

Title: D () Delete
Name: BURTON, BOB
Address: 360 BRIAN CIR
City-St-Zip: MARY ESTHER, FL 32569

Title: VD () Delete
Name: ROLAND, CHUCK
Address: 435 GREEN ACRES ROAD
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: D () Delete
Name: TEW, RANDY
Address: 271 BRIAN CIRCLE
City-St-Zip: MARY ESTHER, FL 32569

Title: SD () Delete
Name: STEWART, TOM
Address: 945-F ASHLEY LANE
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: PD () Delete
Name: CONDE, EMILY
Address: 919 HOLBROOK CIR
City-St-Zip: FORT WALTON BEACH, FL 32547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: SEE, RICHARD
Address: 133 WOODBINE CIRCLE
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: PD (X) Change () Addition
Name: ROLAND, CHUCK
Address: 435 GREEN ACRES ROAD
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: D (X) Change () Addition
Name: DODD, KATHIE
Address: 713 OVERBROOK DR.
City-St-Zip: FORT WALTON BEACH, FL 32547

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

Title: VD (X) Change () Addition
Name: GASPARIAN, RICHARD
Address: PO BOX 448
City-St-Zip: SHALIMAR, FL 32579

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: TOM STEWART

SD

01/07/2008

Electronic Signature of Signing Officer or Director

_____ Date