## 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: New Principal Place of Business:** 945-F ASHLEY LANE FORT WALTON BEACH, FL 32547 US **Current Mailing Address: New Mailing Address:** PO BOX 507 SHALIMAR, FL 32579 US FEI Number: 59-6569622 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STEWART, TOM 945-F ASHLEY LANE FORT WALTON BEACH, FL 32547 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition HORN, PAUL D Name: Name: 617 CAMBRIDGE AVE NE Address: Address: City-St-Zip: FORT WALTON BEACH, FL 325471839 US City-St-Zip: Title: Title: ( ) Delete (X) Change ( ) Addition BURTON, BOB Name: SEE, RICHARD Name: Address: 360 BRIAN CIR Address: 133 WOODBINE CIRCLE City-St-Zip: MARY ESTHER, FL 32569 City-St-Zip: FORT WALTON BEACH, FL 32548 Title: VD. () Delete Title: PD (X) Change ( ) Addition ROLAND, CHUCK ROLAND, CHUCK Name: Name: 435 GREEN ACRES ROAD 435 GREEN ACRES ROAD Address: Address: City-St-Zip: FORT WALTON BEACH, FL 32547 City-St-Zip: FORT WALTON BEACH, FL 32547 ( ) Delete (X) Change ( ) Addition Title: Title: Name: TEW, RANDY Name: DODD, KATHIE 271 BRIAN CIRCLE 713 OVERBROOK DR. Address: Address: City-St-Zip: MARY ESTHER, FL 32569 City-St-Zip: FORT WALTON BEACH, FL 32547 Title: () Delete Title: () Change () Addition STEWART, TOM Name: Name: 945-F ASHLEY LANE Address: Address: City-St-Zip: FORT WALTON BEACH, FL 32547 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition CONDE. EMILY GASPARIAN, RICHARD Name: Name: Address: 919 HOLBROOK CIR Address: PO BOX 448 FORT WALTON BEACH, FL 32547 SHALIMAR, FL 32579 City-St-Zip: City-St-Zip:

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