

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90045 035 ****61.25

DOCUMENT # N15918 1. Entity Name KIWANIS CLUB OF GAINESVILLE FOUNDATION, INC.					
Principal Place of Business 4001 NEWBERRY ROAD, SUITE C-1 PO BOX 15375 GAINESVILLE, FL 32604			Mailing Address 4001 NEWBERRY ROAD, SUITE C-1 PO BOX 15375 GAINESVILLE, FL 32604		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WARD, PETER H. 4001 NEWBERRY ROAD, SUITE C-1 GAINESVILLE, FL 32607			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; float: right;"> FL Zip Code </div>		
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>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RONEY, CARL 2405 NW 52ND PLACE GAINESVILLE, FL 32605 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RONEY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JOHNSON, CHARLES G. JR. 527 NW 36TH STREET GAINESVILLE, FL 32607 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAHAFFEY, DICK D 4528 SW 9TH TERRACE GAINESVILLE, FL 32608 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILLIAMS, JAMES S. 4853 SW 95TH TERRACE GAINESVILLE, FL 32608 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ICKISON, SHELIA 3000 NW 66TH TERRACE GAINESVILLE, FL 32606 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DICKISON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POPE, WILFORD E 4150 NW 62ND AVE GAINESVILLE, FL 32653 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EARLE, JONATHAN 8516 SE 20TH LANE GAINESVILLE, FL 32607 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: CHARLES G. JOHNSON, JR. <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<div style="text-align: right;"> 1/24/07 352 376-8669 <small>Date Daytime Phone #</small> </div>		

ATTACHMENT

40007490

2007 Not-For-Profit Corporation - Attachment

Annual Report

Document # N15918

Kiwanis Club of Gainesville Foundation, Inc.

Addition - Directors

Title	D
Name	Greathouse, Kay J.
Street Address	636 NE 10th Avenue
City-St-Zip	Gainesville, FL 32601

Title	D
Name	Helternes, William
Street Address	3226 NW 24th Avenue
City-St-Zip	Gainesville, Florida 32605

Title	D
Name	Jordan, Randall L.
Street Address	2114 NW 40th Terrace, Suite C-1
City-St-Zip	Gainesville, FL 32605

Title	D
Name	Myrick, Nancy A.
Street Address	4425 SW 103 Court
City-St-Zip	Gainesville, FL 32608

Title	D
Name	Saive, Harold W.
Street Address	1716 NW 10th Terrace
City-St-Zip	Gainesville, FL 32609