


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90042 030 ****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		01272008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2708368	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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		
			FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	P	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROMEY, CARL		NAME	MYRICK, NAUCY A.	
STREET ADDRESS	2405 NW 52ND PLACE		STREET ADDRESS	4425 SW 103 COURT	
CITY-ST-ZIP	GAINESVILLE, FL 32605		CITY-ST-ZIP	GAINESVILLE, FL 32608	
TITLE	ST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, CHARLES G. JR.		NAME		
STREET ADDRESS	527 NW 36TH STREET		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32607		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, JAMES S		NAME	GREATHOUSE, KAY J.	
STREET ADDRESS	4853 SW 95TH TERR.		STREET ADDRESS	636 NE 10TH AVENUE	
CITY-ST-ZIP	GAINESVILLE, FL 32608		CITY-ST-ZIP	GAINESVILLE, FL 32601	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICKISON, SHELIA		NAME		
STREET ADDRESS	3000 NW 66TH TERRACE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32606		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POPE, WILFORD E		NAME	HELM, PATRICK O.	
STREET ADDRESS	4150 NW 62ND AVE		STREET ADDRESS	4536 NW 35TH TERRACE	
CITY-ST-ZIP	GAINESVILLE, FL 32653		CITY-ST-ZIP	GAINESVILLE, FL 32605	
TITLE	D	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EARLE, JONATHAN		NAME		
STREET ADDRESS	8516 SE 20TH LANE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32607		CITY-ST-ZIP		
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: <u>Charles G. Johnson, Jr.</u>			Date: <u>4/30/08</u> Daytime Phone #: <u>352 376-9669</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

ATTACHMENT
40016995

**2008 Not-For-Profit Corporation - Attachment
Annual Report
Document # N15918
Kiwanis Club of Gainesville Foundation, Inc.**

Additional - Directors

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

Title	D
Name	Nicoletti, Paul
Street Address	2552 SW 14th Drive
City-St-Zip	Gainesville, FL 32608

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

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