

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N29661	
1. Entity Name COCOA BEACH KIWANIS FOUNDATION, INC.	



Principal Place of Business C/O L. GEORGE LEONARD PO BOX 320095 COCOA BEACH, FL 32932-0095	Mailing Address C/O L. GEORGE LEONARD PO BOX 320095 COCOA BEACH, FL 32932-0095
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01062005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2920794	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 HAYNES, DEAN 1205 FALKINGHAM MERRITT ISLAND, FL 32952
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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	(NOTE: Registered Agent signature required when reinstating)	DATE

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	11111111111111111111 01/19/05-80006-023 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEONARD, L. GEORGE 1485 N. ATLANTIC AVE. #112 COCOA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAYNES, DON 52 COUNTRY CLUB RD COCOA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAYNES, DEAN 1205 FALKINGHAM MERRITT ISLAND, FL 32952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KABBOORD, DAVID 433 SOUTH BANANA RIVER BOULEVARD COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANDERSON, ANDY 794 ROSERHEAD ISLE DR. SATELLITE BEACH, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing 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.		
SIGNATURE:	1/15/05	(321) 453-7214
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #