

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 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



01142006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-2920794

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HAYNES, DEAN  
1205 FALKINGHAM  
MERRITT ISLAND, FL 32952

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee Is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE TD  
NAME LEONARD, L. GEORGE  
STREET ADDRESS 1485 N. ATLANTIC AVE. #112  
CITY - ST - ZIP COCOA BEACH, FL

TITLE P  
NAME HAYNES, DON  
STREET ADDRESS 52 COUNTRY CLUB RD  
CITY - ST - ZIP COCOA BEACH, FL

TITLE S  
NAME HAYNES, DEAN  
STREET ADDRESS 1205 FALKINGHAM  
CITY - ST - ZIP MERRITT ISLAND, FL 32952

TITLE D  
NAME KABBOORD, DAVID  
STREET ADDRESS 433 SOUTH BANANA RIVER BOULEVARD  
CITY - ST - ZIP COCOA BEACH, FL 32931

TITLE P  
NAME ANDERSON, ANDY  
STREET ADDRESS 794 ROSERHEAD ISLE DR.  
CITY - ST - ZIP SATELLITE BEACH, FL 32937

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

000000399497  
02/01/06-80014-018 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:

DEAN HAYNES *Dean Haynes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/06 321 453-7214

Date

Daytime Phone #