

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90091 030 ****61.25

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

60011195



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01112007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2920794

Applied For
Not Applicable

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	LEONARD, L. GEORGE	
STREET ADDRESS	1485 N. ATLANTIC AVE. #112	
CITY - ST - ZIP	COCOA BEACH, FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	HAYNES, DON	
STREET ADDRESS	52 COUNTRY CLUB RD	
CITY - ST - ZIP	COCOA BEACH, FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	HAYNES, DEAN	
STREET ADDRESS	1205 FALKINGHAM	
CITY - ST - ZIP	MERRITT ISLAND, FL 32952	
TITLE	D	<input type="checkbox"/> Delete
NAME	KABBOORD, DAVID	
STREET ADDRESS	433 SOUTH BANANA RIVER BOULEVARD	
CITY - ST - ZIP	COCOA BEACH, FL 32931	
TITLE	P	<input type="checkbox"/> Delete
NAME	ANDERSON, ANDY	
STREET ADDRESS	794 ROSERHEAD ISLE DR.	
CITY - ST - ZIP	SATELLITE BEACH, FL 32937	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/1/07 321 453-7214