

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 11, 2008 08:00 A**  
**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**



01112008 No Chg-NP CR2E037 (4/06)

**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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

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	

000000822792  
02/20/08-80011-012 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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-07-2008** **321-453-7214**  
Date Daytime Phone #