2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29661

FILED Jan 15, 2009 Secretary of State

Entity Name: COCOA BEACH KIWANIS FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business: C/O L. GEORGE LEONARD C/O L. GEORGE LEONARD PO BOX 320095 1485 N. ATLANTIC AVE. STE. 102 COCOA BEACH, FL 329320095 COCOA BEACH, FL 32931 **Current Mailing Address: New Mailing Address:** C/O L. GEORGE LEONARD PO BOX 320095 COCOA BEACH, FL 329320095 FEI Number: 59-2920794 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HAYNES, DEAN 1205 FALKING HAM MERRITT ISLAND, FL 32952 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete LEONARD, L. GEORGE LEONARD, L. GEORGE Name: Name: 1485 N.ATLANTIC AVE.#112 Address: 1485 N.ATLANTIC AVE.#102 Address: City-St-Zip: COCOA BEACH, FL City-St-Zip: COCOA BEACH, FL Title: Title: () Delete () Change () Addition HAYNES, DON Name: Name: Address: 52 COUNTRY CLUB RD Address: City-St-Zip: COCOA BEACH, FL City-St-Zip: Title: () Delete Title: () Change () Addition HAYNES, DEAN Name: Name: Address: 1205 FALKINGHAM Address: City-St-Zip: MERRITT ISLAND, FL 32952 City-St-Zip: Title: () Delete Title: () Change () Addition Name: KABBOORD, DAVID Name: 433 SOUTH BANANA RIVER BOULEVARD Address: Address: City-St-Zip: COCOA BEACH, FL 32931 City-St-Zip: Title: () Delete Title: () Change () Addition ANDERSON, ANDY Name: Name: 794 ROSERHEAD ISLE DR. Address: Address: City-St-Zip: SATELLITE BEACH, FL 32937 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: L. GEORGE LEONARD TD 01/15/2009