


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

**FILED**  
**Jan 24, 2008 8:00 am**  
**Secretary of State**

01-24-2008 90026 018 \*\*\*\*61.25

**DOCUMENT # N31228**

1. Entity Name  
**TALLAHASSEE KIWANIS CLUB FOUNDATION, INC.**



Principal Place of Business  
 1104 KENILWORTH RD  
 TALLAHASSEE, FL 32312 US

Mailing Address  
 P O BOX 1722  
 TALLAHASSEE, FL 32303 US

40000007J



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01092008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent  
**GUEMPLE, RANDY**  
**293 THORNBERG DR.**  
**TALLAHASSEE, FL 32312**

4. FEI Number  
**59-2970951**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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	P	<input checked="" type="checkbox"/> Delete
NAME	HILAMAN, BILL	
STREET ADDRESS	3002 BRANDEMERE	
CITY-ST-ZIP	BRISTOL, FL 32321	
TITLE	T	<input type="checkbox"/> Delete
NAME	NORTHCUTT, MARK	
STREET ADDRESS	1104 KENILWORTH RD	
CITY-ST-ZIP	TALLAHASSEE, FL 32312	
TITLE	S	<input type="checkbox"/> Delete
NAME	OWENS, EDNA	
STREET ADDRESS	511 NORTH MERIDIAN	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHANK, NANCY	
STREET ADDRESS	6082 GASCONY LANE	
CITY-ST-ZIP	TALLAHASSEE, FL 32309	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALLEN, BOB	
STREET ADDRESS	2303 ARMISTEAD RD	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	D	<input type="checkbox"/> Delete
NAME	DODSON, CHARLES	
STREET ADDRESS	215 DELTA CT	
CITY-ST-ZIP	TALLAHASSEE, FL 32303	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BILL ZOTOLA	
STREET ADDRESS	2039 CENTRE POINTE BLVD	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
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: Mark Northcutt **MARK NORTHCUTT** 1/18/08 **386 8310**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

461.25