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

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

01-24-2008 90029 039 ****70.00

DOCUMENT # N31398

FLAGLER, PALM COAST, KIWANIS FOUNDATION, INC.



1			CON WE TO				
100 KIWANIS	ce of Business S WAY T, FL 32137 US	Mailing Address P.O. BOX 350423 PALM COAST, FL 3213	5-0423 US	40009036			
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01132008 Chg-NP	CR2E03	7 (12/06)	
City & State		City & State		4. FEI Number 59-2941424			oplied F
Zip	Country	Zip	Country	5. Certificate of Status D		8.75 Add	ditional
	6. Name and Address of Current	Registered Agent		7. Name and Address o	New Registered A	gent	
			Name 54	A PASSALAQUE	^	· · · · · · · · · · · · · · · · · · ·	
HALL, RIC							
	HORN COURT		Street Address (P.O. Box Number is Not Acc				
PALM CO.	AST, FL 32137			PICE PORT DR	•		
1				-			
			City	Im Coast	FL	Zip Cod	e_1/
9 The above	e named entity submits this statement fo	r the nurnees of changing its	ragistared office or re	<u> </u>	ata of Florida I am fr		<u> </u>
	tions of registered agent.	issolar			1-16-		
	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 Cam Trust Fund C	· • —	\$5.00 May Be Added to Fees	Make check Florida Depart		
10.	OFFICERS AND DIE	RECTORS	11.	ADDITIONS/CHANGES TO	OFFICERS AND DIR	ECTORS IN	1 10
TITLE	VP	☐ Delete	TITLE	RESIDENT		Change	□ A
NAME	PASSALAQUA, SAL		NAME S	AL PASSA LAGUA			
STREET ADDRESS	42 PIEDMONT DRIVE		STREET ADDRESS	12 Piedmont DR.			
CITY-ST-ZIP	PALM COAST, FL 32164		CITY-ST-ZIP	Alm Coast, FlA .3	2164		
TITLE	Т	☐ Defete	TITLE			☐ Change	A
NAME	CONKLING RICHARD	□ Detete	NAME			☐ Criange	
STREET ADDRESS	5207 S JOHN ANDERSON		STREET ADDRESS				
CITY-ST-ZIP	FLAGLER BEACH, FL 32136	•	CITY-ST-ZIP				
TITLE	D	Delete	TITLE V	ice President		Change	- (A
NAME	KLINKENBERG, WILLIAM H	▼ Delete		AUTS ME00411		☐ Grange	₽ A
STREET ADDRESS	P.O. BOX 350446		STREET ADDRESS S	3-Boston LANE			
CITY-ST-ZIP	PALM COAST, FL 32135		CITY-ST-ZIP	Palm Coast, Fla. 3 =	コマチ		
		Delete		100 CO + O.O.J	-, -, -		
TITLE	D BURNET, BUD	LM Delete	TITLE S	Eneryl Moser		☐ Change	Ā
NAME STREET ADDRESS	116 FORSYTHE LANE		STREET ADDRESS (2 RoxIAND LA			
CITY-ST-ZIP	PALM COAST, FL 32137		CITY-ST-ZIP	Palm Coast, FlA. 30	31(~U		
-			7.7.5	7200 200	•		A.
TITLE	D HANNEY DAVID C	Delete	I	to a larantenherm	eR	☐ Change	A
NAME	HANVEY, DAVID G		NAME 7	7 EVANS DR			
STREET ADDRESS CITY-ST-ZIP	11 AUGUSTA TRL PALM COAST, FL 32137		CITY-ST-ZIP	AlmCoast, FlA. 3	2164		
TITLE	P CURRETEN BIANA	☑ Delete	TITLE	Crank Consenting Trank Consenting To Regency Dr.	9	☐ Change	A
NAME	CHRISTEN, DIANA		NAME CTOSES ADDRESS	Regency DR.			
STREET ADDRESS			STREET ADDRESS	PAIN COAST I FIX	1.271/1/		
CITY-ST-ZIP	PALM COAST, FL 32137		CITY-ST-ZIP	MAIN COAST 1 ! IF	<u> 4 01001</u>		

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 informatic 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 direct 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 changed, or on an attachment with an address, with all other like empowered.