


2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 27, 2005 8:00 am**  
**Secretary of State**

01-27-2005 90056 024 \*\*\*\*61.25

<b>DOCUMENT # N35302</b> 1. Entity Name KIWANIS CLUB OF FRIENDSHIP OF OCALA, INC.					
Principal Place of Business 8375 SW HWY 200 COMMUNITY RM, 2ND FL OCALA, FL 34481 US				Mailing Address ROBERT KEYSER 10811 SW 53 CIRCLE OCALA, FL 34476 US	
2. Principal Place of Business		3. Mailing Address <i>Henry Hanscom</i> Suite, Apt. #, etc. 8075 SW 116 <sup>th</sup> Loop			
Suite, Apt. #, etc.		City & State Ocala FL		4. FEI Number 59-3078265	
City & State		Zip 34481		Country Marion	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent KEYSER, ROBERT F 10811 SW 53 CIRCLE OCALA, FL 34476				7. Name and Address of New Registered Agent Name <i>Henry Hanscom</i> Street Address (P.O. Box Number is Not Acceptable) 8075 SW 116 <sup>th</sup> Loop City <i>Ocala</i> FL Zip Code <i>34481</i>	
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 <i>Henry Hanscom Treasurer Henry Hanscom 1/24/05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC KEYSER, BOB <input checked="" type="checkbox"/> Delete 7088 SW 115TH LOOP OCALA, FL 34476				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES HANSCOM, HENRY <input type="checkbox"/> Delete 8075 SW 116 LOOP OCALA, FL 34481				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARLQUIST, GEORGE <input checked="" type="checkbox"/> Delete 6264 SW 86 LANE OCALA, FL 34476				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORRIS, JIM <input type="checkbox"/> Delete 8094 S.W. 116TH LOOP OCALA, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TREMOWEN, KEN <input checked="" type="checkbox"/> Delete 8016 SW 116TH LOOP OCALA, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC <i>Barbara Roule</i> Change <input checked="" type="checkbox"/> Addition 8019 SW 116 <sup>th</sup> Loop Ocala, FL 34481				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <i>Galen Rife</i> Change <input checked="" type="checkbox"/> Addition 8679 SW 62nd Court Ocala, FL 34476				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <i>Roger Patterson</i> Change <input checked="" type="checkbox"/> Addition 8573 SW 62nd Court Ocala, FL 34476				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Henry Hanscom Henry Hanscom 1/24/05 (752) 873-1939</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					