


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90192 030 ****61.25

DOCUMENT # N35302	
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 HENRY HANSCOM 8075 SOUTHWEST 116TH LOOP OCALA, FL 34481 US
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DO NOT WRITE IN THIS SPACE



01042007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3078265	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HANSCOM, HENRY
8075 SOUTHWEST 116TH LOOP
OCALA, FL 34481

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ROULE, BARBARA 8019 SOUTHWEST 116TH LOOP OCALA, FL 34481
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ANDERSON, WILLIAM 11561 SW 140TH LOOP DUNNELLON, FL 34432 <i>delete</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NORRIS, JIM 8094 S.W. 116TH LOOP OCALA, FL <i>delete</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PATTERSON, ROGER 8573 SOUTHWEST 62ND COURT OCALA, FL 34476
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Martinage, Charles 5903 SW 57th Pl Ocala, FL 34474
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Hofstatter, Frank 8059 SW 115th Loop Ocala, FL 34481

**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: Charles Martinage *Charles Martinage* 1/16/07 352 854-6456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #