

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90041 026 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address CHARLES MARTINAGE Suite, Apt. #, etc. 5903 SW 57TH PL			
Suite, Apt. #, etc.		City & State OCALA, FL		4. FEI Number 59-3078265	
City & State		Zip 34474		Country MARION	
Zip		Country		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			7. Name and Address of New Registered Agent Name CHARLES MARTINAGE Street Address (P.O. Box Number is Not Acceptable) 5903 SW 57TH PLACE City OCALA FL Zip Code 34474		
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 <u><i>Charles F. Martinage</i></u> CHARLES F. MARTINAGE <u>1/24/08</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROULE, BARBARA 8019 SOUTHWEST 116TH LOOP OCALA, FL 34481	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARINAZE, CHARLES 5903 SW 57TH PL OCALA, FL 34474	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOFSTATTER, FRANK 8059 SW 115TH LOOP OCALA, FL 34481	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATTERSON, ROGER 8573 SOUTHWEST 62ND COURT OCALA, FL 34476	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ROBERT KEYSER 5101 SW 60TH ST. RD OCALA, FL 34476	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u><i>Charles F. Martinage</i></u> CHARLES F. MARTINAGE <u>1/24/08</u> <u>(352)-854-6456</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					