

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37003

FILED
Mar 25, 2004
Secretary of State**Entity Name:** KIWANIS CLUB OF PALATKA FOUNDATION, INC.**Current Principal Place of Business:**P O BOX 313
PALATKA, FL 321780313**New Principal Place of Business:****Current Mailing Address:**P O BOX 313
PALATKA, FL 321780313**New Mailing Address:****FEI Number:** 59-3025675**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**TOWNSEND, WILLIAM L ESQ
200 REID STREET
PALATKA, FL 32177**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TINGLE, CAROLINE
Address: 2509 FAIRWAY DR
City-St-Zip: PALATKA, FL 32177

Title: VD () Delete
Name: SEASHORE, GREG
Address: PO BOX 957
City-St-Zip: WELAKA, FL 32193

Title: T () Delete
Name: WIMBERLEY, JUDY
Address: 200 REID ST
City-St-Zip: PALATKA, FL 32177

Title: S () Delete
Name: FRENCH, VALERIE
Address: 4529 HUDSON ST
City-St-Zip: PALATKA, FL 32177

Title: D () Delete
Name: BREY, JACOB H JR
Address: PO BOX 129
City-St-Zip: LAKE COMO, FL 32157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: TINGLE, CAROLINE
Address: 2509 FAIRWAY DR
City-St-Zip: PALATKA, FL 32177

Title: P (X) Change () Addition
Name: SEASHORE, GREG
Address: PO BOX 957
City-St-Zip: WELAKA, FL 32193

Title: T (X) Change () Addition
Name: JACOBS, JOHN
Address: 521 S 17TH STREET
City-St-Zip: PALATKA, FL 32177

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN JACOBS

T

03/25/2004

Electronic Signature of Signing Officer or Director

Date