2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2005
Secretary of State

DOCUMENT# N37003

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 US

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:	D	( ) Delete
Name:	TINGLE, CAROLINE	
Address:	2509 FAIRWAY DR	
City-St-Zip:	PALATKA, FL 32177	
Title:	P	( ) Delete
Name:	SEASHORE, GREG	
Address:	PO BOX 957	
City-St-Zip:	WELAKA, FL 32193	
Title:	T	( ) Delete
Name:	JACOBS, JOHN	
Address:	521 S 17TH STREET	
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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 04/05/2005

Electronic Signature of Signing Officer or Director — Date