

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37003

FILED
Feb 15, 2009
Secretary of State

Entity Name: KIWANIS CLUB OF PALATKA FOUNDATION, INC.

Current Principal Place of Business:

200 SOUTH 7TH ST.
PALATKA, FL 32177

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 313
PALATKA, FL 32177

New Mailing Address:

FEI Number: 59-3025675

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ODOM, RHONDA D CPA
200 SOUTH SEVENTH ST
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: PARRISH, YVONNE
Address: 121 CODY DRIVE
City-St-Zip: PALATKA, FL 32177

Title: T () Delete
Name: ODOM, RHONDA D
Address: PO BOX 1594
City-St-Zip: PALATKA, FL 32178

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

Title: D () Delete
Name: BUCK, SHARON
Address: 610 S 14TH ST.
City-St-Zip: PALATKA, FL 32177

Title: D () Delete
Name: TOOLE, ROBIN
Address: P.O. BOX 1133
City-St-Zip: PALATKA, FL 32178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: JACOBS, JOHN
Address: 104 LINDA LANE
City-St-Zip: PALATKA, FL 32177

Title: P (X) Change () Addition
Name: BUCK, SHARON
Address: 610 S 14TH ST.
City-St-Zip: PALATKA, FL 32177

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

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

Title: D (X) Change () Addition
Name: TAYLOR, LYNDIA
Address: 2600 FAIRWAY DR.
City-St-Zip: PALATKA, FL 32177

Title: D (X) Change () Addition
Name: AYCOCK, DON
Address: PO BOX 1003
City-St-Zip: HOLLISTER, FL 32147

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: RHONDA D. ODOM

T

02/15/2009

Electronic Signature of Signing Officer or Director

Date