2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004
Secretary of State

DOCUMENT# N39666

Entity Name: KIWANIS CLUB OF THE LAKE REGION-KEYSTONE HEIGHTS/MELROSE, INC.

Current Principal Place of Business:

201 LAWRENCE BLVD.
P.O. BOX 715
KEYSTONE HEIGHTS, FL 32656

New Principal Place of Business:

Current Mailing Address:

201 LAWRENCE BLVD.
P.O. BOX 715
KEYSTONE HEIGHTS, FL 32656

New Mailing Address:

FEI Number: 59-3029294 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEWELL, PAUL D.
201 LAWRENCE BLVD.
KEYSTONE HEIGHTS, FL 32656 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: TD ( ) Delete
Name: DOOLEY, SANDRA
Address: 56 SE 35TH ST
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: SD ( ) Delete
Name: GARNER, VIRGINIA N.,
Address: 107 TRUMPETER CT
City-St-Zip: MELROSE, FL 32666

Title: PPD (X) Delete
Name: DEON, PHILLIP
Address: 6489 BAILEY RD
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: PD ( ) Delete
Name: TINA, BALLARD
Address: 6036 HUNTER RD
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: PPD ( ) Delete
Name: LAWSON, SHAW
Address: 6630 VIRGINIA BEACH LN
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

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: PD (X) Change ( ) Addition
Name: SCOTT, ROBERTS
Address: PO BOX 750
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

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: SANDRA DOOLEY TD 01/20/2004
Electronic Signature of Signing Officer or Director — Date