

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N50527

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** KIWANIS CLUB OF DEFUNIAK SPRINGS, INC.

**Current Principal Place of Business:**

35 S. PLEASANT DR.  
DEFUNIAK SPRINGS, FL 32435

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 606  
DEFUNIAK SPRINGS, FL 32435

**New Mailing Address:**

**FEI Number:** 59-6151472

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DAVIS, MARK D  
694 BALDWIN AVE, SUITE 1  
DEFUNIAK SPRINGS, FL 32435 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: P  
Name: CORY, GODWIN  
Address: 35 S. PLEASANT DR  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: PE  
Name: MORRIS, MIKE  
Address: 1009 PINEWOOD DR  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: S  
Name: ANDERSON, MARK  
Address: 66 OAKLAWN SQUARE  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: T  
Name: SELLERS, ROBERT  
Address: 27 E ORANGE AVE  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

I hereby 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 all other like empowered.

SIGNATURE: CORY GODWIN

P

04/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date