


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90063 041 ****61.25

DOCUMENT # N93000002268	
1. Entity Name KIWANIS CLUB OF DESTIN, INC.	

Principal Place of Business KELLY PLANTATION GOLF CLUB 307 KELLY PLANTATION DR DESTIN, FL 32541 US	Mailing Address P.O. BOX 1360 DESTIN, FL 32540
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

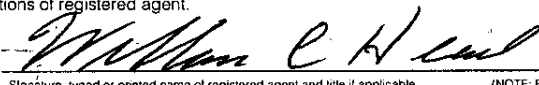


01202004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3168292	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HICKS, PEGGY A. 1759 UNION AVENUE NICEVILLE, FL 32578		7. Name and Address of New Registered Agent Name William Head Street Address (P.O. Box Number is Not Acceptable) 2050 Kildare Circle City Niceville FL Zip Code 32578	
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8. 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. I am familiar with, and accept the obligations of registered agent.

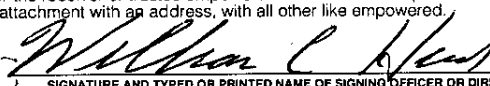
SIGNATURE  DATE **1/22/04**

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HICKS, PEGGY 1759 UNION AVENUE NICEVILLE, FL 32578 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Kathy Whidden 27 Country Club Dr. Destin, FL 32541 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HEAD, BILL 2050 KILDARE CIR NICEVILLE, FL 32578 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOOLLARD, SLAYTON 195 BEACH DR E DESTIN, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLANKENSHIP, GAIL 120 BENNING DR DESTIN, FL 32541 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, TOMMY 835 KELL-AIRE DRIVE DESTIN, FL 32541 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WESTON, CURT 3864 MESA DRIVE DESTIN, FL 32541 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Pamela Martin 40 11th Street # 87 Shalimar FL 32579 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **1/22/04** 850-315-1352

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR