2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 01, 2005 8:00 am Secretary of State

DOCUMENT # N9300002268 1. Entity Name KIWANIS CLUB OF DESTIN, INC.						02-01-2005 90030 035 ****61.25					
KELLY PLAN	e of Business TATION GOLF CLUB PLANTATION DR 32541 US	Mailing Address P.O. BOX 1360 DESTIN, FL 32540		•	111					177 2 (
2. Principal F	Place of Business	3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01102	005 C	hg-NP	CR2E0	37 (10/03)		
City & State		City & State			4. FEI N 59-	Number 316829	92	,	_ 	oplied For ot Applicable	
Zip	Country	Zip	Co	untry	5. Certi	5. Certificate of Status Desired			\$8.75 Add Fee Require		
	6. Name and Address of Current	Registered Agent			7. Nam	e and Add	iress of New I	Registered .	Agent		
HEAD, WI 2050 KILD				Name Street A	Cail C ddress (P.O. Box t	Number is	enahic Not Acceptable) e)			
	E, FL 32578					ing I	<u>کر</u>			-	
				City T	Destr O			FL	Zio Coo	ا ل ايًّا	
	named entity submits this statement to tions of registered agent.	or the purpose of changing	its register	red office or	registered agent,	or both, in	the State of F	lorida. I am	familiar with,	and accept	
SIGNATURE	LioBah.	li						1-10	-0.5		
OIGHTOILE	Signature, typed or printed name of registered agent	and title applicable.	NOTE: Register	ed Agent signat.	re required when reinstat	ing)		DATE			
GIGITATION	Signification typed or printed name of registered agent Filling Fee Is \$61.25 Due by May 1, 2005	9. Election		Financing	se required when reinstar \$5.00 Added to	May Be		DATE	k payable to		
10.	Filing Fee is \$61.25	9. Election Trust Fu	Campaign I	Financing tion.	\$5.00 Added to	May Be Fees	Flo	Make checi	k payable to trent of S	tate	
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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:	Rochard Doan	1-10-05	850 - 685 - 553
	SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #