

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-01-2005 90030 035 ****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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3168292	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HEAD, WILLIAM 2050 KILDARE CIR. NICEVILLE, FL 32578			Name <u>Gail Blankenship</u> Street Address (P.O. Box Number is Not Acceptable) <u>120 Benning Dr.</u> City <u>Destin</u> <u>FL</u> Zip Code <u>32541</u>		
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 <u>Gail Blankenship</u> <small>Signature, typed or printed name of registered agent and title applicable.</small>			DATE <u>1-10-05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee Is \$61.25 Due by May 1, 2005		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WHIDDEN, KATHY 27 COUNTRY CLUB DR. NICEVILLE, FL 32578	TITLE Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HEAD, BILL 2050 KILDARE CIR NICEVILLE, FL 32578	TITLE Past 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	TITLE Vicki Chance <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 387 Evergreen Circle Destin, FL. 32541			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLANKENSHIP, GAIL 120 BENNING DR DESTIN, FL 32541	TITLE President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, TOMMY 835 KELL-AIRE DRIVE DESTIN, FL 32541	TITLE Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Rachael Doan 4568 Kates Court Niceville, FL 32578			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARTIN, PAMELA 40 11TH ST., #87 SHALIMAR, FL 32579	TITLE Secretary <input checked="" type="checkbox"/> Change <input 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: <u>Rachael Doan</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>1-10-05</u> <u>850-685-5537</u> <small>Date Daytime Phone #</small>		