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2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
2007 MAR 27 PM 12:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000002268

1. Entity Name
KIWANIS CLUB OF DESTIN, INC.

Principal Place of Business	Mailing Address
KELLY PLANTATION GOLF CLUB 307 KELLY PLANTATION DR DESTIN, FL 32541 US	P.O. BOX 1360 DESTIN, FL 32540

03092007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 59-3168292 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WHIDDEN, KATHY 501 C HWY 98 E DESTIN, FL 32541	Name: Pamela Martin Street Address (P.O. Box Number is Not Acceptable): 40 11TH ST #87 City: Shalimar FL Zip Code: 32579

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: Pamela Martin 3/8/07
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WHIDDEN, KATHY 27 COUNTRY CLUB DR. NICEVILLE, FL 32578	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Past President	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PP HEAD, BILL 2050 KILDARE CIR NICEVILLE, FL 32578	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Board member	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BM CHANCE, VICKI 387 EVERGREEN CIRCLE DESTIN, FL 32541	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DOAN, RACHAEL 4568 KATES COURT NICEVILLE, FL 32578	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MARTIN, PAMELA 40 11TH ST., #87 SHALIMAR, FL 32579	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	3/13/07	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~As~~ Secretary Jennifer Lovell 208 Panhandle Dr Destin FL 32541	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Pamela Martin 3/9/07 850-376-8283
(Signature and Typed or Printed Name of Signing Officer or Director) Date Daytime Phone #