## **2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## FILED May 11, 2007 8:00 am Secretary of State

1. Entity Nan	MENT # N9300000 SVILLE KIWANIS CLUB FC	05-11-2007 90024 017 ****61.25							
101 S. MAIN	ce of Business N STREET LE, FL 34601	Mailing Address P.O. BOX 1900 BROOKSVILLE, FL 34	605-1900	401*					
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt	. #, etc.	Suite, Apt. #, etc.		01042007 Chg	-NP CR2E037 (12/06)				
City & State		City & State		4. FEI Number 59-3203940	Applied For Not Applicable				
Zip	Country	Zip	Country	5. Certificate of State	us Desired \$8.75 Additional Fee Required				
	6. Name and Address of Curren	t Registered Agent	7. Name and Addre	7. Name and Address of New Registered Agent					
101 S. MA	JR.; JOSEPH M ESQ NN STREET VILLE, FL 34601		Name Street Addres	Name Street Address (P.O. Box Number is Not Acceptable)					
			City	***	FL Zip Code				
8. The above the obliga SIGNATURE	itions of registered agent.		S registered office or regis		e State of Florida. I am familiar with, and accept				
	Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution.		Make check payable to Florida Department of State				
10.	OFFICERS AND D	IRECTORS	11.		TO OFFICERS AND DIRECTORS IN 10				
TITLE NAME STREET ADDRESS CITY-ST-7IP	HAMMATT, TOM  80 LARK AVENUE  BROOKSVILLE EL 34603	☐ Delete		rel Oppodal 18 Augustine R					

Due by May 1, 2007		IIIIOODOII.	_	Added to Fees	Piorida Depi	arunent of S	ate		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HAMMATT, TOM 80 LARK AVENUE BROOKSVILLE, FL 34601	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_	o rel Oppedal 8 Augustine Vina Hill FL		Change	<b>⊠</b> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KORN, BILL 10325 TRUDY LYNN DRIVE BROOKSVILLE, FL 34601	⊠ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1 5/1	sq Sutton 33 Ridge To UKSUITE, FL	•	☐ Change	<b>⊠</b> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BLACK, ALICE 308 LONG WOOD DRIVE BROOKSVILLE, FL 34601	⊠ Celeiε	TITLE NAME STREET ADDRESS CITY-SI-ZIP	SD GO BA	praldine Bisl 178 Domingo on Ksville, F	10Br. L 34601	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SMITH, SCOTT P.O. BOX 1473 BROOKSVILLE, FL 346051473	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		hirley Hama Lork Ave		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Addition CARROLL, JIM Ron Wb, 22175 CHENOAK ROAD 19496 C BROOKSVILLE, FL 34602 Brooksvi	Delete Beles orter Blud The Fr 34601	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Barbara Dug 1049 Nocicily Spring Hill,	FL 34609	Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	D GREENE, WILLIAM 14391 SCRUB OAK LANE BROOKSVILLE, FL 34613	Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	D	Karen Bews 404 Ederin Brocksville	eley gton br. FL 34601	☐ Change	Áddilion	

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 attackment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED ON PHYTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

D