

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002060

FILED
Apr 30, 2007
Secretary of State

Entity Name: KIWANIS FOUNDATION OF NICEVILLE-VALPARAISO, INC.

Current Principal Place of Business:

PO BOX 1012
NICEVILLE, FL 325881012 US

New Principal Place of Business:

100 COLLEGE BOULEVARD
C/O OKALOOSA WALTON COLLEGE
NICEVILLE, FL 32578 US

Current Mailing Address:

PO BOX 1012
NICEVILLE, FL 325881012 US

New Mailing Address:

FEI Number: 59-3257988 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ROSS, PETER A
583 EASR TIMBERLAKE DR
MARY ESTHER, FL 32569 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HILL, HOWARD
Address: 2403 PARKER DRIVE
City-St-Zip: NICEVILLE, FL 32578

Title: T () Delete
Name: BAUGH, BOBBY
Address: 1000 JULIE AVE.
City-St-Zip: NICEVILLE, FL

Title: S () Delete
Name: WOLLARD, MARIBETH
Address: 215 GALWAY DR
City-St-Zip: NICEVILLE, FL 32578

Title: D () Delete
Name: CASEY, LARRY
Address: 48 MARINA COVE UNIT 504
City-St-Zip: NICEVILLE, FL 32578

Title: D () Delete
Name: HOFFMAN, JAN
Address: 110 DARTMOUTH WAY
City-St-Zip: NICEVILLE, FL 32578

Title: S () Delete
Name: ROSS, PETER A
Address: 583 EAST TIMBERLAKE DRIVE
City-St-Zip: MARY ESTHER, FL 32569

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: ROSS, HU
Address: 130 BAYWIND DRIVE
City-St-Zip: NICEVILLE, FL 32578

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: MAYO, GLORIA
Address: 828 ST. PIERRE COVE
City-St-Zip: NICEVILLE, FL 32578

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIBETH WOLLARD

SEC

04/30/2007

Electronic Signature of Signing Officer or Director

_____ Date