

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90029 001 ****61.25

DOCUMENT # N95000000722					
1. Entity Name KIWANIS CLUB OF SAINT ANDREW, PANAMA CITY, FLORIDA, INC.					
Principal Place of Business 2336 INDUSTRIAL DRIVE PANAMA CITY, FL 32405			Mailing Address 2336 INDUSTRIAL DRIVE PANAMA CITY, FL 32405		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip			
Country		Country		02102004 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-6168935				Applied For <input type="checkbox"/> Not Applicable	
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		
PATE, DANNY 2336 INDUSTRIAL DRIVE PANAMA CITY, FL 32405			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE P NAME BARTON, BOBBY STREET ADDRESS 114 HARMON AVENUE CITY-ST-ZIP PANAMA CITY, FL 32401	<input checked="" type="checkbox"/> Delete				
TITLE D NAME PATE, CHARLIE STREET ADDRESS 12501 STEEPLE CHASE DR CITY-ST-ZIP PANAMA CITY, FL 324042828	<input checked="" type="checkbox"/> Delete				
TITLE T NAME TOLSON, DEREK STREET ADDRESS 3418 COUNTRY CLUB CT. CITY-ST-ZIP LYNN HAVEN, FL 32444	<input type="checkbox"/> Delete				
TITLE S NAME KALATA, SANDY STREET ADDRESS 1535 E HWY 390 CITY-ST-ZIP LYNN HAVEN, FL 32444	<input type="checkbox"/> Delete				
TITLE D NAME HODGES, JEAN STREET ADDRESS 1201 BOB LITTLE RD CITY-ST-ZIP PANAMA CITY, FL 32404	<input checked="" type="checkbox"/> Delete				
TITLE D NAME RAMER, JOHN STREET ADDRESS PO BOX 15095 CITY-ST-ZIP PANAMA CITY, FL 32406	<input type="checkbox"/> Delete				
TITLE P. NAME Gene Roberts STREET ADDRESS CITY-ST-ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE D NAME FRANK MARTIN STREET ADDRESS CITY-ST-ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input 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: _____ <i>Sandy Kalata, Secretary</i> 3-06-04 850-265-2600 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					