2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007
Secretary of State

DOCUMENT# N95000000722

Entity Name: KIWANIS CLUB OF SAINT ANDREW, PANAMA CITY, FLORIDA, INC.

Current Principal Place of Business:

1535 EAST HWY 390
LYNN HAVEN, FL 32444

New Principal Place of Business:

Current Mailing Address:

1535 EAST HWY 390
LYNN HAVEN, FL 32444

New Mailing Address:

FEI Number: 59-6168935 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KALAYA, SANDRA A
1535 EAST HWY 390
LYNN HAVEN, FL 32444 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:	FOREMAN, RICHARD	
Address:	4316 NORTHSHORE ROAD	
City-St-Zip:	LYNN HAVEN, FL 32444	
Title:	D	( ) Delete
Name:	EATON, DIANNE	
Address:	3603 W 16TH STREET	
City-St-Zip:	PANAMA CITY, FL 32401	
Title:	T	( ) Delete
Name:	HARRIS, JUDITH D	
Address:	4316 NORTH SHORE RD	
City-St-Zip:	LYNN HAVEN, FL 32444	
Title:	S	( ) Delete
Name:	KALATA, SANDY	
Address:	1535 E HWY 390	
City-St-Zip:	LYNN HAVEN, FL 32444	
Title:	D	( ) Delete
Name:	HODGES, SARAH J	
Address:	1201 BOB LITTLE RD	
City-St-Zip:	PANAMA CITY, FL 32404	
Title:	D	( ) Delete
Name:	RAMER, JOHN	
Address:	PO BOX 15095	
City-St-Zip:	PANAMA CITY, FL 32406	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: RICHARD E. FOREMAN P 04/13/2007

Electronic Signature of Signing Officer or Director — Date