


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90023 001 ****61.25

DOCUMENT # N95000000722 1. Entity Name KIWANIS CLUB OF SAINT ANDREW, PANAMA CITY, FLORIDA, INC.					
Principal Place of Business 1535 EAST HWY 390 LYNN HAVEN, FL 32444			Mailing Address 1535 EAST HWY 390 LYNN HAVEN, FL 32444		
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	02282008 Chg-NP CR2E037 (12/06) 4. FEI Number 59-6168935 <div style="float: right; border: 1px solid black; padding: 2px;"> Applied For Not Applicable </div>	
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		
KALATA, SANDRA A 1535 EAST HWY 390 LYNN HAVEN, FL 32444			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	TITLE	NAME
	FOREMAN, RICHARD	4316 NORTHSHORE ROAD	LYNN HAVEN, FL 32444		D
	EATON, DIANNE	3603 W 18TH STREET	PANAMA CITY, FL 32401		P
	HARRIS, JUDITH D	4316 NORTH SHORE RD	LYNN HAVEN, FL 32444		D
	S	KALATA, SANDY	1535 E HWY 390		
	D	HODGES, SARAH J	1201 BOB LITTLE RD		
	D	RAMER, JOHN	PO BOX 15095		
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: <i>Sandra A Kalata</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3-3-2008 850.265.2600 <small>Date Daytime Phone #</small>		