

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # N95000004407

1. Entity Name

KIWANIS CLUB OF HOLLY HILL, INC.



Principal Place of Business

1652 CORDOVA AVE.
HOLLY HILL, FL 32117

Mailing Address

1652 CORDOVA AVE
HOLLY HILL, FL 32117



01052008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

59-6168915

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WOOTEN, JOHN
1652 CORDOVA AVE
HOLLY HILL, FL 32117

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME BLALS, GILLES
STREET ADDRESS 710 MAGNOLIA AVE
CITY-ST-ZIP HOLLY HILL, FL 32117

TITLE D
NAME WOOTEN, MARY
STREET ADDRESS 1652 CORDOVA AVE.
CITY-ST-ZIP HOLLY HILL, FL 32117

TITLE D
NAME DAUGHTERY, DAN
STREET ADDRESS 1682 RIVERSIDE DR
CITY-ST-ZIP HOLLY HILL, FL 32117

TITLE S
NAME KOHLMAN, WILLIAM
STREET ADDRESS 234 DAYTON AVE
CITY-ST-ZIP HOLLY HILL, FL 32117

TITLE D
NAME MARKOVICH, MICHAEL
STREET ADDRESS 19 RIDGE TRAIL
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE D
NAME WOODWARD, JIM
STREET ADDRESS 349 TROPICAL LANE
CITY-ST-ZIP ORMOND BEACH, FL 32174

UD00000794544
01/28/08-80012-007 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #