2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2005 8:00 am
Secretary of State
08-15-2005 90079 004 ****61.25

DOCUMENT # N96000001757

1. Entity Name
KIWANIS CLUB OF MELBOURNE, FLORIDA, FOUNDATION, INC.

50061547

Principal Place of Business	Mailing Address
1800 W HIBISCUS BLVD. SUITE 138 MELBOURNE, FL 32901	P.O. BOX 1234 MELBOURNE, FL 32902-1234

07032005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-6155155 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KANCILIA, JOHN R 1800 WEST HIBISCUS BLVD. SUITE 138 MELBOURNE, FL 32901	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PD LOPEZ, LOTTE 1214 BANANA RIVER DR. INDIAN HARBOUR BEACH, FL 32937	☐ Delete	TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	CINDY FORSTALL 311 AVENIDA DEL MAR INDIALANTIC, FL 32903-2811	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GIVEN, EDWARD JR. 2321 ROYAL POINCIANA BLVD. MELBOURNE, FL 32935	☒ Delete	TITLE VD NAME STREET ADDRESS CITY-ST-ZIP	BARBARA PYLE 1720 POINCIANA CT ~~MERRITT ISLAND, FL 32952~~	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GACKENBACH, RUSSELL E 3875 SEAGROVE LANE MELBOURNE, FL 32904	☒ Delete	TITLE TD NAME STREET ADDRESS CITY-ST-ZIP	LOTTE LOPEZ 1214 BANANA RIVER DR ~~INDIAN HARBOUR BCH, FL32937~~	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PYLT, BARBARA 1720 POINCIANA CT MERRITT ISLAND, FL 32952	☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	JACKSON W. VAUGHN PO BOX 370 MELBOURNE FL 32902-0370	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COBB, JAMES 1294 CIMARRON CIRCLE NE PALM BAY, FL 32905	☒ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	ISOBEL I. CARROLL 492 WATERBROOK ST MELBOURNE, FL 32934-8045	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUNDY, PATRICIA 1340 LAMPLIGHTER DR. NW PALM BAY, FL 32907	☒ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	GLORIA OLSON 688 NAPLES CT W. MELBOURNE, FL 32904-7588	☐ Change ☒ 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: Lotte Lopez 8/4/05 321 420-2193
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #