

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90301 046 \*\*\*\*61.25

<b>DOCUMENT # N97000002873</b>			
1. Entity Name <b>KIWANIS CLUB OF NINE MILE RD, INC.</b>			
Principal Place of Business <b>9400 UNIVERSITY PARKWAY PENSACOLA FL 32514 US</b>		Mailing Address <b>P.O. BOX 515 GONZALEZ FL 32560 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number <b>59-3453766</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>TOLER, MARK 1841 KINGS WAY DR PENSACOLA FL 32533</b>		7. Name and Address of New Registered Agent Name <b>YOUNG, EDWARD D.</b> Street Address (P.O. Box Number is Not Acceptable) <b>10100 HILLVIEW DRIVE APT 322</b> City <b>PENSACOLA</b> FL Zip Code <b>32514</b>	
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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 *Edward D. Young, Treasurer* **EDWARD D. YOUNG, TREASURER** DATE **MAR 17, 2004**

(NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BISHOP, HARRY</b> <b>40 RIDGEWAY CT.</b> <b>PENSACOLA FL 32514</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY (S)</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>BISHOP HARRY</b> <b>1403 N. 50TH AVENUE</b> <b>PENSACOLA, FL 32506</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HUMPHREY, SHIRLEY</b> <b>9606 SUNNEHANNA BLVD</b> <b>PENSACOLA FL 32514</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER (T)</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>YOUNG, EDWARD D.</b> <b>10100 HILLVIEW DR. APT 322</b> <b>PENSACOLA, FL 32514</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>JONES, MIKE</b> <b>20200 ERIN POND RD.</b> <b>SEMINOLE AL 36574</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR (D)</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>JONES, MIKE</b> <b>20200 ERIN POND ROAD</b> <b>SEMINOLE, AL 36574</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>TOLER, MARK</b> <b>1841 RINGS WAY DR.</b> <b>CANTONMENT FL 32533</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT (P)</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>TOLER, MARK</b> <b>1841 RINGS WAY DRIVE</b> <b>CANTONMENT, FL 32533</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SEELMAN, BILL</b> <b>116 REDBREAST LANE</b> <b>PENSACOLA FL 32503</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT ELECT (PE)</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>LEE HUMPHREY</b> <b>9606 SUNNEHANNA BLVD</b> <b>PENSACOLA FL 32514</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>IVEY, BILL</b> <b>586 HUMMINGBIRD DR.</b> <b>PENSACOLA FL 32514</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>IMMEDIATE PAST PRES. (IP)</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>IVEY, BILL</b> <b>586 710 TARA ROAD</b> <b>CANTONMENT, FL 32533</b>

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 *Edward D. Young* **EDWARD D. YOUNG** DATE **MAR 17, 2004 850-473-1176**

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Daytime Phone #