


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90021 038 ****61.25

DOCUMENT # N97000002873	
1. Entity Name	
KIWANIS CLUB OF NINE MILE RD, INC.	

Principal Place of Business	Mailing Address
550 EAST NINE MILE ROAD PENSACOLA FL 32514 US	P.O. BOX 515 GONZALEZ FL 32560 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-3453766		Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent	
YOUNG, EDWARD D 10100 HILLVIEW DRIVE APT 322 PENSACOLA FL 32514	

7. Name and Address of New Registered Agent	
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	DATE
<i>Edward D. Young</i>	FEB 22 2007
TREASURER	

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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
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10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	SEELMANN, BILL
STREET ADDRESS	118 REDBREAST LANE
CITY- ST- ZIP	PENSACOLA FL 32503
TITLE	<input type="checkbox"/> Delete
NAME	WILKERSON, MACK
STREET ADDRESS	545 TIMBER RIDGE DR
CITY- ST- ZIP	PENSACOLA FL 32534
TITLE	<input type="checkbox"/> Delete
NAME	HUMPHREY, SHIRLEY
STREET ADDRESS	9606 JONNEHANNA BLVD.
CITY- ST- ZIP	PENSACOLA FL 32514
TITLE	<input type="checkbox"/> Delete
NAME	TOLER, MARK
STREET ADDRESS	1841 KINGSWAY DR.
CITY- ST- ZIP	CANTONMENT FL 32533
TITLE	<input type="checkbox"/> Delete
NAME	IVEY, DAVID
STREET ADDRESS	9508 SANPIPER STREET
CITY- ST- ZIP	PENSACOLA FL 32514
TITLE	<input type="checkbox"/> Delete
NAME	BILL, IVEY
STREET ADDRESS	710 TARA RD
CITY- ST- ZIP	CANTONMENT FL 32533

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Edward D. Young* FEB 22 2007 850-43-1110