

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90074 017 ****61.25

DOCUMENT # N97000002873 1. Entity Name KIWANIS CLUB OF NINE MILE RD, INC.					
Principal Place of Business 550 EAST NINE MILE ROAD PENSACOLA, FL 32514 US			Mailing Address P.O. BOX 515 GONZALEZ, FL 32560 US		
2. Principal Place of Business - No P.O. Box # 10100 HILLVIEW DR.		3. Mailing Address Suite, Apt. #, etc. PENSACOLA, FL			
City & State PENSACOLA, FL		City & State PENSACOLA, FL		02052008 Chg-NP CR2E037 (12/06)	
Zip 32514		Country US		4. FEI Number 59-3453766	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent YOUNG, EDWARD D 10100 HILLVIEW DRIVE APT. 324 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 _____ <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	S SEELMANN, BILL 118 REDBREAST LANE PENSACOLA, FL 32503	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILKERSON, MACK 545 TIMBER RIDGE DR PENSACOLA, FL 32534	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUMPHREY, SHIRLEY 9606 JONNEHANNA BLVD. PENSACOLA, FL 32514	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TOLER, MARK 1841 KINGSWAY DR. CANTONMENT, FL 32533	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IPP IVEY, DAVID 9508 SANPIPER STREET PENSACOLA, FL 32514	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BILL, IVEY 710 TARA RD CANTONMENT, FL 32533	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RALPH LOWERY 4314 WHITELEAF COURT PENSACOLA, FL 32504	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANA BRYAN 1400 GLENMORE DRIVE CANTONMENT, FL 32533	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
FEB 14 2008 856-473-1176 <small>Date Daytime Phone #</small>					