

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001268

FILED
Apr 02, 2009
Secretary of State

Entity Name: KIWANIS CLUB OF BIG LAGOON FOUNDATION, INC.

Current Principal Place of Business:

P.O. BOX 34259
PENSACOLA, FL 32507

New Principal Place of Business:

4001 LANDFALL DR.
PENSACOLA, FL 32507

Current Mailing Address:

P.O. BOX 34259
PENSACOLA, FL 32507

New Mailing Address:

FEI Number: 59-3508257 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERMAN, DAVE
5933 KAISER LANE
PENSACOLA, FL 32507 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JETER, NORMAN
Address: 14070 WATERVIEW DRIVE
City-St-Zip: PENSACOLA, FL 32507

Title: D () Delete
Name: HERMAN, DAVID
Address: 5933 KAISER LANE
City-St-Zip: PENSACOLA, FL 32507

Title: D () Delete
Name: WILDES, JOE
Address: 4001 LANDDALL DR
City-St-Zip: PENSACOLA, FL 32507

Title: D () Delete
Name: BROTHERTON, CART
Address: 4837 HURON DR
City-St-Zip: PENSACOLA, FL 32507

Title: D () Delete
Name: ROTH, MILTON
Address: 3320 TILLER CRT
City-St-Zip: PENSACOLA, FL 32507

Title: D () Delete
Name: WHITE, ROBERT J
Address: 13937 PEDIDO KEY DRIVE
City-St-Zip: PENSACOLA, FL 32507

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOE WILDES

SECR

04/02/2009

Electronic Signature of Signing Officer or Director

_____ Date