

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
May 05, 2006  
Secretary of State

DOCUMENT# N01000006306

Entity Name: BUSHNELL KWIANIS CLUB, INC.

**Current Principal Place of Business:**

P.O. BOX 821  
BUSHNELL, FL 335130821

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 821  
BUSHNELL, FL 335130821

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

RACIAPPA, MARK P  
6835 CR 607-B  
BUSHNELL, FL 33513 US

**Name and Address of New Registered Agent:**

COLEMAN, BARRY  
301 W NOBLE AVE  
BUSHNELL, FL 33513 US

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: BARRY COLEMAN

05/05/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete  
Name: RACIAPPA, MARK P  
Address: 6835 CR 607-B  
City-St-Zip: BUSHNELL, FL 33513

Title: P ( ) Delete  
Name: ROBERTS, JIM  
Address: P.O. BOX 784  
City-St-Zip: BUSHNELL, FL 33513

Title: D ( ) Delete  
Name: LOSSE, MICHAEL  
Address: P.O. BOX 1644  
City-St-Zip: BUSHNELL, FL 33513

Title: T ( ) Delete  
Name: CONNELL, MARILYN  
Address: 682 CR 778  
City-St-Zip: WEBSTER, FL 33597

Title: D ( ) Delete  
Name: HARRISON, JULIAN  
Address: 324 W. DADE AVE.  
City-St-Zip: BUSHNELL, FL 33513

Title: D ( ) Delete  
Name: WAKEMAN, RUTH  
Address: 11380 S. HWY. 301  
City-St-Zip: WEBSTER, FL 33597

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: S (X) Change ( ) Addition  
Name: COLEMAN, BARRY  
Address: 301 W NOBLE AVE  
City-St-Zip: BUSHNELL, FL 33513

Title: P (X) Change ( ) Addition  
Name: HARRISON, JULIAN E  
Address: 324 W DADE AVE  
City-St-Zip: BUSHNELL, FL 33513

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

Title: T (X) Change ( ) Addition  
Name: SLATE, ED  
Address: 506 W NOBLE AVE  
City-St-Zip: BUSHNELL, FL 33513

Title: D (X) Change ( ) Addition  
Name: ROBERTS, JIM  
Address: PO BOX 784  
City-St-Zip: BUSHNELL, FL 33513

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

I hereby certify that the information supplied with this filing does not qualify for the 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: BARRY COLEMAN

S

05/05/2006

Electronic Signature of Signing Officer or Director

Date