

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90054 008 \*\*\*\*61.25

**DOCUMENT # N01156**

1. Entity Name  
**THE KIWANIS CLUB OF NEW SMYRNA BEACH, INC.**



Principal Place of Business  
**P.O. BOX 905  
 NEW SMYRNA BEACH, FL 32169**

Mailing Address  
**P.O. BOX 905  
 NEW SMYRNA BEACH, FL 32169**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01152004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-2530302**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GALIANO, ALFRED A.  
 412 SCHOONER AVENUE  
 EDGEWATER, FL 32141**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.

**\$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 **P**  Delete  
 NAME **POULIN, KENNETH R**  
 STREET ADDRESS **2031 RIVERSIDE DRIVE**  
 CITY-ST-ZIP **EDGEWATER, FL 32141**

Change  Addition

TITLE **SD**  Delete  
 NAME **GALIANO, ALFRED A**  
 STREET ADDRESS **412 SCHOONER AVE**  
 CITY-ST-ZIP **EDGEWATER, FL 32141**

Change  Addition

TITLE **VD**  Delete  
 NAME **NOSS, RACHAEL**  
 STREET ADDRESS **170 SLASH PINE ST**  
 CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32168**

Change  Addition

TITLE **CD**  Delete  
 NAME **DRIVER, PAT**  
 STREET ADDRESS **2658 SUNSET DRIVE**  
 CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32168**

Change  Addition

TITLE **TD**  Delete  
 NAME **HODSON, DOUGLAS D**  
 STREET ADDRESS **109 PENINSULA AVENUE**  
 CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32169**

Change  Addition

TITLE **D**  Delete  
 NAME **FEGER, WILLIAM F. III**  
 STREET ADDRESS **102 LANDIS ST**  
 CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32168**

Change  Addition

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 empowers.

SIGNATURE: Alfred A Galiano secy 4/1/04 58646683  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #