


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 25, 2005 8:00 am**  
**Secretary of State**

01-25-2005 90042 040 \*\*\*\*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

40006060



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01132005 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent  
**GALIANO, ALFRED A.**  
**412 SCHOONER AVENUE**  
**EDGEWATER, FL 32141**

4. FEI Number  
**59-2530302**

Applied For  
 Not Applicable

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

7. Name and Address of New Registered Agent  
 Name **DOUGLAS Hodson**  
 Street Address (P.O. Box Number is Not Acceptable) **237 Canal St**  
**New Smyrna Beach**  
 City **FL** Zip Code **32168**

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 *Douglas D. Hodson* DATE 1/20/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25** Due by **May 1, 2005**

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 NAME STREET ADDRESS CITY-ST-ZIP	P POULIN, KENNETH R 2031 RIVERSIDE DRIVE EDGEWATER, FL 32141 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GALIANO, ALFRED A 412 SCHOONER AVE EDGEWATER, FL 32141 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Raymond Halls Trom <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 119 N. Cory Dr Edgewater, FL 32141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NOSS, RACHAEL 170 SLASH PINE ST NEW SMYRNA BEACH, FL 32168 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DRIVER, PAT 2658 SUNSET DRIVE NEW SMYRNA BEACH, FL 32168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HODSON, DOUGLAS D 109 PENINSULA AVENUE NEW SMYRNA BEACH, FL 32169 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEGER, WILLIAM F III 102 LANDIS ST NEW SMYRNA BEACH, FL 32168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Douglas D. Hodson* DATE 1/22/05 (386) DAYTIME PHONE # 423-2300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR