

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

2005 OCT 27 PM 5: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

08242005 Chg-NP CF2E037 (10/03)

DOCUMENT # N03000007207 1. Entity Name KIWANIS CLUB OF PANAMA CITY BEACH, FL, INC.					
Principal Place of Business P O BOX 7695 PANAMA CITY BCH, FL 32413		Mailing Address P O BOX 7695 PANAMA CITY BCH, FL 32413			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number EYN # APPLIED FOR 56-2332530	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOLT, STEPHEN J 323 BRADY WAY PANAMA CITY BEACH, FL 32408				7. Name and Address of New Registered Agent Name OTIS R. AKINS Street Address (P.O. Box Number is Not Acceptable), 5918 THOMAS DRIVE City Panama City Beach FL Zip Code 32408	
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				DATE 9/29/05	
Filing Fee is \$61.25 Due by September 7, 2005		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	P CURRY, KEITH 17210 PANAMA CITY BEACH PKWY PANAMA CITY BEACH, FL 32413	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500060214275 10/04/05--01053--005 **61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOLT, STEPHEN J 323 BRADY WAY PANAMA CITY BEACH, FL 32408	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200060967032 10/27/05--01038--012 **183.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OTIS R. AKINS 5918 THOMAS DRIVE PANAMA CITY BEACH, FL 32408	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PRESIDENT OTIS R. AKINS 5918 THOMAS DRIVE PANAMA CITY BEACH, FL 32408	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<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	 	<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	 	<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)(f), 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:				Date 9/29/05 (850)230-9800	

10/31aw