


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90004 019 ****70.00

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1. Entity Name
 THE KIWANIS CLUB OF GOLD COAST KNIGHTS, INC.



Principal Place of Business
 C/O DONNA PARTON
 1149 HILLSBORO MILE #201 N
 HILLSBORO BEACH, FL 33062

Mailing Address
 C/O DONNA PARTON
 1149 HILLSBORO MILE #201 N
 HILLSBORO BEACH, FL 33062



2. Principal Place of Business
 c/o John Sullivan
 Suite, Apt. #, etc.
 2302 Chadnick Ct.
 City & State
 Boynton Beach, FL
 Zip
 33436
 Country/
 USA

3. Mailing Address
 c/o John Sullivan
 Suite, Apt. #, etc.
 2302 Chadnick Ct.
 City & State
 Boynton Beach, FL
 Zip
 33436
 Country/
 USA

01182006 Chg-NP CR2E037 (11/05)

4. FEI Number
 54-2136487

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

PARTON, DONNA
 1149 HILLSBORO BLVD #201 N
 HILLSBORO BEACH, FL 33062

7. Name and Address of New Registered Agent

Name
 Sullivan, John

Street Address (P.O. Box Number is Not Acceptable)
 2302 Chadnick Ct.

City
 Boynton Beach FL Zip Code
 33436

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 John Sullivan, secretary John Sullivan DATE 2/2/06

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, 2006

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

TITLE NAME	D SIEGALL, BARI	<input type="checkbox"/> Delete
STREET ADDRESS	4705 NW 35TH STREET #608-P	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33062	
TITLE NAME	S PARTON, DONNA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1149 HILLSBORO MILE #201 N	
CITY-ST-ZIP	HILLSBORO BEACH, FL 33062	
TITLE NAME	T ANDREACCHI, ANITA	<input type="checkbox"/> Delete
STREET ADDRESS	7391 LONDON LANE	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE NAME	P SHRACK, BETH	<input type="checkbox"/> Delete
STREET ADDRESS	905 NE 29 DRIVE	
CITY-ST-ZIP	WILTON MANORS, FL 33334	
TITLE NAME	D ANDREACCHI, FRANK A	<input type="checkbox"/> Delete
STREET ADDRESS	7391 LONDON LANE	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE NAME	D PARTON, ROBERT A	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1149 HILLSBORO MILE 3201N	
CITY-ST-ZIP	HILLSBORO BEACH, FL 33062	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	690 Siesta Key Circle #2026	
CITY-ST-ZIP	Deerfield Beach, FL 33441	
TITLE NAME	P Gunther, Maggie	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	905 NE 29 Drive	
CITY-ST-ZIP	Wilton Manors, FL 33334	
TITLE NAME	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	S Sullivan, John	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2302 Chadnick Ct.	
CITY-ST-ZIP	Boynton Beach, FL 33436	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: John Sullivan, secretary John Sullivan DATE 2/2/06 561-649-1227

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #