


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

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90068 046 \*\*\*\*70.00

DOCUMENT # N04000010334					
1. Entity Name KIWANIS CLUB OF CENTRAL DAYTONA BEACH, INC.					
Principal Place of Business 532 DR. M. M. BETHUNE BLVD. DAYTONA BEACH, FL 32114			Mailing Address 532 DR. M. M. BETHUNE BLVD. DAYTONA BEACH, FL 32114		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
COVINGTON, SYLVESTER 532 DR. M. M. BETHUNE BLVD. DAYTONA BEACH, FL 32114				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, 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	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, PATRICIA			NAME	
STREET ADDRESS	P.O. BOX 10804			STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH, FL 32120			CITY-ST-ZIP	
TITLE	VP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORT, WILLIAM			NAME	
STREET ADDRESS	75 SPRING MEADOWS DRIVE			STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH, FL 32174			CITY-ST-ZIP	
TITLE	PE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, OPHELIA			NAME	
STREET ADDRESS	400 DR. M. M. BETHUNE BLVD.			STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH, FL 32114			CITY-ST-ZIP	
TITLE	SEC	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COONRAD, LYNN			NAME	
STREET ADDRESS	1216 TURNBULL STREET			STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168			CITY-ST-ZIP	
TITLE	TRE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODMAN, BETTY			NAME	
STREET ADDRESS	106 SEA PINE			STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH, FL 32114			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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 empowered.					
SIGNATURE <i>Patricia A. Taylor</i> (Patricia A. Taylor) (3-24-05) (38)671-8052					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					

