


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90166 047 \*\*\*\*70.00

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<b>DOCUMENT # N04000010334</b>					
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	4. FEI Number 20-2273412	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> CR2E037 (11/05)	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		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 checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TAYLOR, PATRICIA		NAME	Fort, William	
STREET ADDRESS	P.O. BOX 10804		STREET ADDRESS	75 Spring Meadows Drive	
CITY-ST-ZIP	DAYTONA BEACH, FL 32120		CITY-ST-ZIP	Ormond Beach FL 32174	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORT, WILLIAM		NAME	Hayes, Edward	
STREET ADDRESS	75 SPRING MEADOWS DRIVE		STREET ADDRESS	301 S. Kettle Circle	
CITY-ST-ZIP	ORMOND BEACH, FL 32174		CITY-ST-ZIP	Daytona Beach, FL 32114	
TITLE	PE	<input type="checkbox"/> Delete	TITLE	PE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, OPHELIA		NAME	Williams, Ophelia	
STREET ADDRESS	400 DR. M. M. BETHUNE BLVD.		STREET ADDRESS	400 Dr. M M Bethune Blvd	
CITY-ST-ZIP	DAYTONA BEACH, FL 32114		CITY-ST-ZIP	Daytona Beach, FL 32114	
TITLE	SEC	<input type="checkbox"/> Delete	TITLE	SEC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COONRAD, LYNN		NAME	Quarterman, Robbin	
STREET ADDRESS	1216 TURNBULL STREET		STREET ADDRESS	11 Woodridge Dr	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168		CITY-ST-ZIP	Ormond Beach, FL 32174	
TITLE	TRE	<input type="checkbox"/> Delete	TITLE	TRE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODMAN, BETTY		NAME	Goodman, Betty	
STREET ADDRESS	106 SEA PINE		STREET ADDRESS	106 Sea Pine	
CITY-ST-ZIP	DAYTONA BEACH, FL 32114		CITY-ST-ZIP	Daytona Beach, FL 32114	
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 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: <i>W. Bill Fort</i>			Date: <i>4/25/06</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		