


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 8:00 am
Secretary of State

01-20-2006 90029 010 ****61.25

DOCUMENT # N35302					
1. Entity Name KIWANIS CLUB OF FRIENDSHIP OF OCALA, INC.					
Principal Place of Business 8375 SW HWY 200 COMMUNITY RM, 2ND FL OCALA, FL 34481 US			Mailing Address HENRY HANSCOM 8075 SOUTHWEST 116TH LOOP OCALA, FL 34481 US		
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 59-3078265	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HANSCOM, HENRY 8075 SOUTHWEST 116TH LOOP OCALA, FL 34481			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROULE, BARBARA		NAME		
STREET ADDRESS	8019 SOUTHWEST 116TH LOOP		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34481		CITY-ST-ZIP		
TITLE	TRES	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HANSCOM, HENRY		NAME		
STREET ADDRESS	8075 SW 116 LOOP		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34481		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	RIFE, GALEN		NAME	<i>P Anderson, William</i>	
STREET ADDRESS	8679 SOUTHWEST 62ND COURT		STREET ADDRESS	<i>11561 SW 140th Loop</i>	
CITY-ST-ZIP	OCALA, FL 34476		CITY-ST-ZIP	<i>Dunnellon, FL 34432</i>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NORRIS, JIM		NAME		
STREET ADDRESS	8094 S.W. 116TH LOOP		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PATTERSON, ROGER		NAME		
STREET ADDRESS	8573 SOUTHWEST 62ND COURT		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34476		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 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>Henry E. Hanscom</i>			SIGNATURE: <i>Henry E. Hanscom</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>DATE</small>		
			1/17/06 352 873-1939		
			<small>Daytime Phone #</small>		