

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90120 008 ****61.25

DOCUMENT # N36040
 1. Entity Name
 KIWANIS CLUB OF PALMETTO, INC.



Principal Place of Business: P O BOX 62, PALMETTO, FL 34222
 Mailing Address: P O BOX 62, PALMETTO, FL 34220 US

2. Principal Place of Business: Suite, Apt. #, etc., City & State, Zip, Country
 3. Mailing Address: Suite, Apt. #, etc., City & State, Zip, Country



03162006 Chg-NP CR2E037 (11/05)
 4. FEI Number: 59-0559505 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: GEISLER, KEVIN W, 6007 60TH STREET E, PALMETTO, FL 34221
 7. Name and Address of New Registered Agent: 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: \$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: SD NAME: STEPHENS, JOHN STREET ADDRESS: 3424 US HWY 301 CITY-ST-ZIP: ELLENTON, FL 34222	<input type="checkbox"/> Delete	TITLE: NAME: Brown Julie STREET ADDRESS: 815 20th Ave West CITY-ST-ZIP: Palmetto, FL 34221	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: BROWN, TOM STREET ADDRESS: 815 20TH AVE W CITY-ST-ZIP: PALMETTO, FL 34221	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: ABARR, LORRAINE STREET ADDRESS: 9907 44TH ST CT E CITY-ST-ZIP: PARRISH, FL 34219	<input type="checkbox"/> Delete	TITLE: NAME: PEEL, LORRAINE STREET ADDRESS: CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: WINTERS, JOHN STREET ADDRESS: 5203 WOODLAWN CIRCLE CITY-ST-ZIP: PALMETTO, FL 34221	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: BROWN, BRIAN STREET ADDRESS: 4705 9TH ST E CITY-ST-ZIP: ELLENTON, FL 34222	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: JOHNSON, ELAINE K STREET ADDRESS: 4912 BAY STATE ROAD CITY-ST-ZIP: PALMETTO, FL 34221	<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 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: *[Signature]* Treasurer Date: 4/7/06 Daytime Phone #: 941-752-6262