


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2007 8:00 am
Secretary of State

08-29-2007 90001 006 ****61.25

DOCUMENT # N46353					
1. Entity Name KIWANIS CLUB OF BROOKSVILLE, INC.					
Principal Place of Business P.O. BOX 685 BROOKSVILLE, FL 34605-0685			Mailing Address P.O. BOX 685 BROOKSVILLE, FL 34605-0685		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-6152216	
Zip		Country		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	
OPPEDAL, DARREL D 3358 AUGUSTINE RD SPRING HILL, FL 34609				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 September 14, 2007		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	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIMBROUGH, JIMMY,		NAME	Hammitt, Shirley	
STREET ADDRESS	11 N MAIN ST		STREET ADDRESS	80 Lark Ave	
CITY-ST-ZIP	BROOKSVILLE, FL 34601		CITY-ST-ZIP	Brooksville, FL 34601	
TITLE	P	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OPPEDAL, DARREL D		NAME	Darrel Oppedal, Darrel D	
STREET ADDRESS	3358 AUGUSTINE RD		STREET ADDRESS	3358 Augustine Rd.	
CITY-ST-ZIP	SPRING HILL, FL 34609		CITY-ST-ZIP	Spring H. FL 34609	
TITLE	PE	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEASLEY, KAREN		NAME	Beasley, Karen	
STREET ADDRESS	424 EDERINGTON DR		STREET ADDRESS	424 Ederington Dr.	
CITY-ST-ZIP	BROOKSVILLE, FL 34601		CITY-ST-ZIP	Brooksville, FL	
TITLE	V	<input type="checkbox"/> Delete	TITLE	PE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, SCOTT		NAME	Smith, Scott	
STREET ADDRESS	PO BOX 1473		STREET ADDRESS	P.O. Box 1473	
CITY-ST-ZIP	BROOKSVILLE, FL 346051473		CITY-ST-ZIP	Brooksville, FL 34605	
TITLE	S	<input type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BISHOP, GERALDINE		NAME	Wholes, Ron	
STREET ADDRESS	9978 DOMINGO DR		STREET ADDRESS	19496 Cortez Blvd.	
CITY-ST-ZIP	BROOKSVILLE, FL 34601		CITY-ST-ZIP	Brooksville, FL 34601	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEASLEY, KAREN		NAME	Dupre' Barbara	
STREET ADDRESS	424 EDERINGTON DR		STREET ADDRESS	6049 Nocklyn Rd.	
CITY-ST-ZIP	BROOKSVILLE, FL 34601		CITY-ST-ZIP	Brooksville FL 34609	
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>Darrel D. Oppedal</i> Darrel D. Oppedal				7/16/07 (352) 796-2041	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	