


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90255 015 ****61.25

DOCUMENT # 700326	
1. Entity Name KIWANIS CLUB OF GAINESVILLE FLORIDA, INC.	

Principal Place of Business P.O. BOX 15375 GAINESVILLE FL 32606	Mailing Address P.O. BOX 15375 GAINESVILLE FL 32606
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number 59-6159135		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent BABIN, KEN 3950 NW 59 AVE GAINESVILLE FL 32653		7. Name and Address of New Registered Agent Name <u>George Emmanuel</u> Street Address (P.O. Box Number is Not Acceptable) <u>1841 NW 23 Terrace</u> City <u>Gainesville</u> FL Zip Code <u>32605</u>	
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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]
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/2/05
DATE

FILE NOW: 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME BABIN, KEN STREET ADDRESS 3807 NW 28 TERRACE CITY-ST-ZIP GAINESVILLE FL 32605	<input checked="" type="checkbox"/> Delete	TITLE <u>VD</u> NAME <u>George Emmanuel</u> STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME MAHAFFEY, DICK STREET ADDRESS 4528 SW 97 TERRACE CITY-ST-ZIP GAINESVILLE FL 32608	<input type="checkbox"/> Delete	TITLE <u>VD</u> NAME <u>Romey, Carl</u> STREET ADDRESS <u>2405 N.W. 52 Place</u> CITY-ST-ZIP <u>GAINESVILLE, FL 32605-6230</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VD NAME CHESTNUT, WT STREET ADDRESS 1734 NW 39 AVE CITY-ST-ZIP GAINESVILLE FL 32605	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S/D NAME FOSTER, ROBERT STREET ADDRESS 5200 NEWBERRY RD #C CITY-ST-ZIP GAINESVILLE FL 32607	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T/D NAME EMMANUEL, GEORGE J III STREET ADDRESS 1841 NW 23RD TERRACE CITY-ST-ZIP GAINESVILLE FL 32605	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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 [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/05
Date

352-378-5172
Daytime Phone #