2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006
Secretary of State

DOCUMENT# 700617

Entity Name: KIWANIS CLUB OF THE CITRUS CENTER, LAKELAND, INC.

Current Principal Place of Business:

P O BOX 8954
LAKELAND, FL 33805 US

New Principal Place of Business:

P O BOX 8954
LAKELAND, FL 33806 US

Current Mailing Address:

614 PALMORE CT
LAKELAND, FL 33813 US

New Mailing Address:

FEI Number: 59-6019024 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, TIM J
614 PALMORE CT
LAKELAND, FL 33813 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: STRAIN, CHARLES
Address: 905 SOUTH POINT DR
City-St-Zip: LAKELAND, FL 33813

Title: TD ( ) Delete
Name: HART, TIM J,
Address: 614 PALMORE CT
City-St-Zip: LAKELAND, FL 33813

Title: VD ( ) Delete
Name: STRANGE, STEVE
Address: 608 PALMORE CT
City-St-Zip: LAKELAND, FL 33813

Title: VD ( ) Delete
Name: BAUM, REBECCA
Address: 720 SUNSET COVE DR
City-St-Zip: LAKELAND, FL 33880

Title: SD ( ) Delete
Name: KNOWLES, BRIAN
Address: 720 SUNSET COVE DR
City-St-Zip: LAKELAND, FL 33880

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: STRAIN, CHARLES
Address: 905 SOUTH POINT DR
City-St-Zip: LAKELAND, FL 33813

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change ( ) Addition
Name: STRANGE, STEVE
Address: 608 PALMORE CT
City-St-Zip: LAKELAND, FL 33813

Title: VD (X) Change ( ) Addition
Name: BAUM, REBECCA
Address: P O BOX 8842
City-St-Zip: LAKELAND, FL 33806

Title: SD (X) Change ( ) Addition
Name: GREEN, JACKIE
Address: 1400 GRASSLANDS BLVD #43
City-St-Zip: LAKELAND, FL 33803

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIM J HART TD 01/10/2006

Electronic Signature of Signing Officer or Director — Date