


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 8:00 am
Secretary of State

01-25-2006 90028 031 ****61.25

DOCUMENT # 705626 1. Entity Name ALOHA KAI ASSOCIATION, INC.					
Principal Place of Business 6020 MIDNIGHT PASS ROAD SARASOTA, FL 34242				Mailing Address 6020 MIDNIGHT PASS ROAD SARASOTA, FL 34242	
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 59-1035832	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CHASE, BARBARA 1151 COQUILLE STREET SARASOTA, FL 34242				7. Name and Address of New Registered Agent Name Scheffert, Christine Street Address (P.O. Box Number is Not Acceptable) 888 Blvd of Arts #1204 City Sarasota FL Zip Code 34236	
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 <u>Christine Scheffert</u> Christine Scheffert Treas. 1-18-06 <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 NAME STREET ADDRESS CITY-ST-ZIP	TD SIMMONS, DELILAH P.O. BOX 575 HIXSON, TN 37343	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas. Christine Scheffert 888 Blvd of Arts #1204 Sarasota, FL 34236	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OWENS, WALTER 1635 WAVERLY ROAD TRENTON, MI 48183	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Neva Northcraft 2912 McKimm Ave. NE Louisville, Ohio 40641	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FREUND, WILLIAM 25 BUXTON ROAD CHATHAM, NJ 07928	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1st V. Pres. Douglas Shippee 50 Crown St St. John, N.B. E2L 2X6 Canada	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHASE, BARBARA 1151 COQUILLE STREET SARASOTA, FL 34242	<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	SD VESPRANI, MARIANNE 951 TIMBER TRAIL CINCINNATI, OH 45224	<input checked="" 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 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: Christine Scheffert **Christine Scheffert** **1-18-06** **941-953-9756**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #