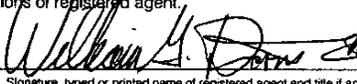
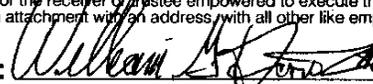


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 11, 2006 8:00 am**  
**Secretary of State**

07-11-2006 90020 046 \*\*\*\*61.25

<b>DOCUMENT # 707933</b>					
1. Entity Name <b>KIWANIS CLUB OF GREATER CLEARWATER, INC.</b>					
Principal Place of Business <b>POST OFFICE BOX 8206 CLEARWATER, FL 34618</b>			Mailing Address <b>POST OFFICE BOX 8206 CLEARWATER, FL 34618</b>		
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 <b>59-0965990</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GRAHAM, JOHN JR 1336 HIGHFIELD DR. CLEARWATER, FL 34624				Name <b>William G. Barnett, III</b> Street Address (P.O. Box Number is Not Acceptable) <b>1618 Kilwinning Ct</b> City <b>Palm Harbor</b> FL Zip Code <b>34684</b>	
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  <b>William G. Barnett, III</b>				DATE <b>7/2/06</b>	
SIGNATURE, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE	
Filing Fee is <b>\$61.25</b> Due by <b>September 6, 2006</b>		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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PLUTCHOK, ADAM J		NAME		
STREET ADDRESS	2853 SUNSET POINT RD		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33759		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILLIAMS, NAOMI B DR		NAME		
STREET ADDRESS	1300 RIDGE AVE		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33755		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	KOCH, JEFFREY A		NAME	<b>Director Charles Christ</b>	
STREET ADDRESS	1429 SANDLEWOOD DR		STREET ADDRESS	<b>2361 Jamaican St, # 11</b>	
CITY-ST-ZIP	DUNEDIN, FL 346984123		CITY-ST-ZIP	<b>Clearwater, FL 33763</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHOENIG, WALTER F		NAME		
STREET ADDRESS	2428 FAIRBANKS DR		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 337642812		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BELL, DELORIS F		NAME	<b>Treasurer Mark Keaton</b>	
STREET ADDRESS	1356 TERRACE RD		STREET ADDRESS	<b>3726 Prescott Street North</b>	
CITY-ST-ZIP	CLEARWATER, FL 337552058		CITY-ST-ZIP	<b>St. Petersburg, FL 33713</b>	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARNETT, WILLIAM G III		NAME	<b>S</b>	
STREET ADDRESS	1618 KILWINNING CT		STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR, FL 34684		CITY-ST-ZIP		
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:  <b>William G. Barnett, III</b>				DATE <b>7/2/06</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # <b>727-781-1543</b>	