## 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**DOCUMENT# 709246** 

FILED Dec 12, 2006 Secretary of State

Entity Name: KIWANIS CLUB OF ROCKLEDGE, INC.

Current Principal Place of Business: New Principal Place of Business:

C\O GERALD TURNER STEVE WILSON
801 WHITE PINE 36343 SHELLIE CT.
ROCKLEDGE, FL 32955 US COCOA, FL 32926 US

Current Mailing Address: New Mailing Address:

PO BOX 560427

ROCKLEDGE, FL 329560427 US

FEI Number: 59-6168944 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TURNER, GERALD WILSON, STEVE 801 WHITE PINE 3634 SHELLIE CT. ROCKLEDGE, FL 32955 US COCOA, FL 32926 US

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: STEVE WILSON 12/12/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition Name: MUNCH, HARRY Name: KENASTON, ROBERT

 Address:
 P. O. BOX 621
 Address:
 107 RIVERSIDE DR.

 City-St-Zip:
 SHARPES, FL 32959
 City-St-Zip:
 COCOA, FL 32922

 $\label{eq:title:S} {\sf Title:S} \qquad \qquad {\sf S} \qquad \qquad {\sf (i) Delete} \qquad \qquad {\sf Title:S} \qquad \qquad {\sf (X) Change (i) Addition}$ 

 Name:
 WALTON, EDIE
 Name:
 WILSON, STEVE

 Address:
 29 SO HARDEE CIRCLE
 Address:
 3634 SHELLIE CT.

 City-St-Zip:
 ROCKLEDGE, FL 32955
 City-St-Zip:
 COCOA, FL 32926

 Name:
 TURNER, GERALD
 Name:
 JARVIS, DARLENE

 Address:
 801 WHITE PINE AVE.
 Address:
 900 BARRIS LANE

 City-St-Zip:
 ROCKLEDGE, FL
 City-St-Zip:
 ROCKLEDGE, FL 32955

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: STEVE WILSON S 12/12/2006