


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

**FILED**  
**Jan 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 711838</b> 1. Entity Name KIWANIS CLUB OF FORT LAUDERDALE BEACH, FLORIDA, INC.	
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Principal Place of Business 936 INTRACOASTAL DR #8F FORT LAUDERDALE, FL 33304-3640 US	Mailing Address % HAROLD R. LOW P.O. BOX 11543 FT. LAUDERDALE, FL 33339-1543
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01102006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 23-7003659	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

LOW, HAROLD R  
936 INTRACOASTAL DR #8F  
FT. LAUDERDALE, FL 33308

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LALONDE, CLAUDE 1460 NE 60TH ST. FORT LAUDERDALE, FL 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, LARY 10145 SUNRISE LAKES BLVD., #210 SUNRISE, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T LOW, HARRY 2532 N.E. 22ND TERRACE FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOGGY, LOWELL 6241 NE 19 TERR FORT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRIEBE, ARTHUR F 2590 SE 8 ST POMPANO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAFF, MARYJANE 2500 NE 48TH LANE #502 FORT LAUDERDALE, FL 33308

1100000393665  
01/25/06-80029-022 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:** Harold R. Low 01/16/06 954-565-7674  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #