


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90036 045 ****61.25

DOCUMENT # 713022	
1. Entity Name KIWANIS CLUB OF WARRINGTON, FLORIDA, INC.	

Principal Place of Business 202 REED ROAD P O BOX 4893 PENSACOLA FL 32507	Mailing Address 202 REED ROAD P O BOX 4893 PENSACOLA FL 32507
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number 59-6151469	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FLYTHE, F. COURTNEY 202 REED RD. PENSACOLA FL 32507		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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** _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	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
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input checked="" type="checkbox"/> Delete		TITLE	P	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CRISTWELL, JACK			NAME	Shirley Raschke		
STREET ADDRESS	5055 PRIETO DRIVE			STREET ADDRESS	334 Mizzen Lane		
CITY-ST-ZIP	PENSACOLA FL 32506			CITY-ST-ZIP	Pensacola, FL 32507		
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE	VP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GREBE, ART			NAME	Larry Yeo		
STREET ADDRESS	10000 N. LOOP ROAD			STREET ADDRESS	46 Manor Drive		
CITY-ST-ZIP	PENSACOLA FL 32507			CITY-ST-ZIP	Pensacola, FL 32507		
TITLE	ST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FLYTHE, F. COURTNEY			NAME			
STREET ADDRESS	202 REED RD			STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 00000			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GROVES, RAY			NAME			
STREET ADDRESS	5810 ADM. DOYLE BLVD			STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32506			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	YEO, LARRY			NAME	Allen J. Clements		
STREET ADDRESS	46 MANOR DRIVE			STREET ADDRESS	6065 Schofield Drive		
CITY-ST-ZIP	PENSACOLA FL 32507			CITY-ST-ZIP	Pensacola, FL 32506		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GILL, ROBERT L.			NAME			
STREET ADDRESS	2031 BROYHILL LANE			STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: F. C. Flythe **F. C. FLYTHE** 2/5/05 750-456-3583
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #