

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90167 043 \*\*\*\*61.25

<b>DOCUMENT # 713022</b> 1. Entity Name <b>KIWANIS CLUB OF WARRINGTON, FLORIDA, INC.</b>					
Principal Place of Business <b>202 REED ROAD P O BOX 4893 PENSACOLA, FL 32507</b>				Mailing Address <b>202 REED ROAD P O BOX 4893 PENSACOLA, FL 32507</b>	
2. Principal Place of Business <b>920 FAIRWAY DRIVE</b>		3. Mailing Address <b>920 FAIRWAY DRIVE</b>		 01102006 Chg-NP CR2E037 (11/05)	
Suite, Apt. #, etc. <b>P.O. BOX 4893</b>		Suite, Apt. #, etc. <b>P.O. BOX 4893</b>			
City & State <b>PENSACOLA, FL</b>		City & State <b>PENSACOLA, FL</b>			
Zip <b>32507</b>		Zip <b>32507</b>			
Country <b>ESCAMBIA</b>		Country <b>ESCAMBIA</b>		4. FEI Number <b>59-6151469</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>FLYTHE, F. COURTNEY 202 REED RD. PENSACOLA, FL 32507</b>				7. Name and Address of New Registered Agent Name <b>NORMAN L. SCHULZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>920 FAIRWAY DRIVE</b> City <b>PENSACOLA</b> FL <b>32507</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 <u><i>Norman L. Schulz</i></u> SECRETARY/TREASURER <u>1/10/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RASCHKE, SHIRLEY 334 MIZZEN LANE PENSACOLA, FL 32507	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT A. J. CLEMENTS 6065 SCHOFIELD DRIVE PENSACOLA, FL 32506
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP YEO, LARRY 46 MANOR DRIVE PENSACOLA, FL 32507	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY/TREASURER NORMAN L. SCHULZ 920 FAIRWAY DRIVE PENSACOLA, FL 32507
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FLYTHE, F. COURTNEY 202 REED RD PENSACOLA, FL 00000.	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR SHIRLEY RASCHKE 334 MIZZEN LANE PENSACOLA, FL 32507
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GROVES, RAY 5810 ADM. DOYLE BLVD PENSACOLA, FL 32506	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR SHIRLEY RASCHKE 334 MIZZEN LANE PENSACOLA, FL 32507
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLEMENTS, ALLEN J 6065 SCHOFIELD DRIVE PENSACOLA, FL 32506	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR SHIRLEY RASCHKE 334 MIZZEN LANE PENSACOLA, FL 32507
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILL, ROBERT L. 2031 BROYHILL LANE PENSACOLA, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR SHIRLEY RASCHKE 334 MIZZEN LANE PENSACOLA, FL 32507
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<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: <u><i>Norman L. Schulz</i></u> <u>1/10/06</u> <u>850-458-7838</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					