


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90118 018 ****61.25

DOCUMENT # 719186					
1. Entity Name KIWANIS CLUB OF JUPITER-TEQUESTA, INCORPORATED					
Principal Place of Business P.O. BOX 4144 TEQUESTA, FL 33469			Mailing Address P.O. BOX 4144 TEQUESTA, FL 33469		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-6151464	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		Not Applicable			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FUSARO, EUGENE D 16607 NARROWS DR JUPITER, FL 33477			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUGARO, GUGENE D		NAME	EUGENE D. FUSARO	
STREET ADDRESS	16607 NARROWS DR.		STREET ADDRESS	16607 NARROWS DRIVE	
CITY-ST-ZIP	JUPITER, FL 33477		CITY-ST-ZIP	JUPITER, FL 33477	
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIOTT, WILLIAM		NAME		
STREET ADDRESS	45 LAUREL OAK CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	JUPITER, FL 33469		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAGER, DEBBI		NAME		
STREET ADDRESS	431 JUPITER LAKES BLVD		STREET ADDRESS		
CITY-ST-ZIP	JUPITER, FL 33458		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIVJACK, MARTIN		NAME		
STREET ADDRESS	17114 123 TERR N		STREET ADDRESS		
CITY-ST-ZIP	JUPITER, FL 33478		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARIE, PATRICIA		NAME	Susan Padgett	
STREET ADDRESS	95 GOLFVIEW DR		STREET ADDRESS	764 SW Tamarro Place	
CITY-ST-ZIP	TEQUESTA, FL 33469		CITY-ST-ZIP	Stuart FL 34997	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PULLON, STEVE		NAME	Jacobson, Ron	
STREET ADDRESS	24 STARBOARD WAY		STREET ADDRESS	6420 Wingleaf Pkne	
CITY-ST-ZIP	TEQUESTA, FL 33469		CITY-ST-ZIP	Jupiter FL 33458	
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>Ron Jacobson</u>		Date: <u>3-8-06</u>		Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



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