2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 10, 2006 8:00 am Secretary of State

04-10-2006 90295 017 ****61.25

DOCUMENT #734796

1. Entity Name
KIWANIS CLUB OF FORT WALTON BEACH, FLORIDA, INC.



Principal Place of Business

Mailing Address

2. Principal Place of Business 3. Mailing Address Suite, Apt. 4, etc. Country Suite, Apt. 4, etc. Code City & State City & State 4. FEI Number 84 Applied For Nova Applicable Security	45 BEAL PARKWAY N.E. PO BOX 2198 FT WALTON BEACH, FL 32549			45 BEAL PARKWAY N.E. PO BOX 2198 FT WALTON BEACH, FL 32549								
City & State Country Country Application See Address of Current Registered Agent City See Address of Current Registered Agent To Name and Address of Current Registered Agent To Name and Address of New Registered A	Principal Place of Business			3. Mailing Address								
Signature Sign	Suite, Apt. #, etc.			Suite, Apt. #, etc.				04052006	Chg-NP	CR2E03	7 (11/05)	
S. Name and Address of Current Registered Agent Fee Required S. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) FL Zip Code City City Added to Fees Florida Department of State City C	City & Stat	le .		City &	City & State							
Name State Applications of registered agent and the 1 applicable Signature Properties of Provided Department of State	Zip Country			<u> </u>				Fee Required				
BARRER, GENE G 45 BEAL PARRWAY NE FT WALTON BCH, FL 32569 City FL Zip Code 8. The above named ensity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the Rorida agent of Points of Rorida Department of State FILITIE PARKS \$5.00 May Be Added to Rose Prior added to Rose Parks of Rorida Department of State FILITIE PARKS \$5.00 May Be Added to Rose Prior added to Rose Parks of Rorida Department of State FILITIE PARKS \$5.00 May Be Added to Rose Parks of Rorida Department of State FILITIE PARKS \$5.00 May Be Added to Rose Parks of Rorida Department of State FILITIE PARKS \$5.00 May Be Added to Rose Parks of Rorida Depar		6. Name and	Address of Current	Registered A	Agent	None		7. Name and	Address of New	Registered A	gent	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, honed or privated name of registered agent and the # acceptance. (NOTE, Registered Agent suprause required name rentating.) DATE	45 BEAL PARKWAY NE											
SIGNATURE Signature, typed or protect name of registered agent and title if expectable. (MOTE Registered Agent septiative) DATE						City				FL	Zip Cod	9
Due by May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State	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											
TITLE WARE HARDY, BEVERLY 793+HICKORY ST DESTIN, FL 32641 TITLE PE PETREY, ROY STREET ADDRESS CITY-ST-2P STREET ADDRESS CITY-ST-2P President Petrey, Roy STREET ADDRESS CITY-ST-2P MARY ESTHER, FL 32531 TITLE DONALDSON, KAREN STREET ADDRESS CITY-ST-2P	1 334 3 1 2 2 3 2 4 2 1 2 2							\$5.00 May Be Added to Fees	FI			
MAND STREET ADDRESS OCTIV-ST-2P STATEST ADDRESS OCTIV-ST-2P STREET ADDRESS	10.		OFFICERS AND DIF	RECTORS		11.	A	DDITIONS/CHA	NGES TO OFFIC	CERS AND DIR	ECTORS IN	10
NAME STREET ADDRESS CITY-ST-ZIP SHALIMAR, FL 32578 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NICEVILLE, FL 32578 CITY-ST-ZIP NAME CREWS, GEORGE CITY-ST-ZIP NAME CREWS, GEORGE CITY-ST-ZIP NAME CREWS, GEORGE CITY-ST-ZIP TITLE NAME CREWS, GEORGE CITY-ST-ZIP NAME CREWS, GEORGE CITY-ST-ZIP NAME CREWS, GEORGE CITY-ST-ZIP TITLE NAME DONALDSON, KAREN STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-Z		1 '			Delete	TITLE					☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP NIGEVILLE, FL 32578 TITLE NAME CREWS, GEORGE STREET ADDRESS CITY-ST-ZIP NAME CREWS, GEORGE STREET ADDRESS CITY-ST-ZIP NAME DONAL DSON, KAREN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STREET ADDRESS THEEL ADDRESS THEE		703 HICKORY	- इ न			STREET ADDRESS						
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of the corporation of 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 attack ment with an address, with all other like empowered.

SIGNATURE:	hom &	Donald	ω	
			ME OF SIGNING OFFICER	OR DIRECTOR

4-5-06

850-244-9900

Date

Daytime Phone #