


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 11, 2006 8:00 am**  
**Secretary of State**

07-11-2006 90020 006 \*\*\*\*61.25

<b>DOCUMENT # 739894</b> 1. Entity Name <b>KIWANIS CLUB OF GREATER CLEARWATER FOUNDATION, INC.</b>					
Principal Place of Business <b>POST OFFICE BOX 8206 CLEARWATER, FL 34618 US</b>			Mailing Address <b>POST OFFICE BOX 8206 CLEARWATER, FL 34618 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		4. FEI Number <b>59-2466122</b>	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip		Zip		6. Name and Address of Current Registered Agent  <b>PLUTCHOK, ADAM J 2166 CLOVER HILL ROAD PALM HARBOR, FL 34683</b>	
Country		Country		7. Name and Address of New Registered Agent Name <b>William G. Barnett, III</b> Street Address (P.O. Box Number is Not Acceptable) <b>1618 Kilwinning Ct.</b> City <b>Palm Harbor</b> <b>FL</b> Zip Code <b>34684</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 <b>William M. Dorsett</b> <i>William G. Barnett, Secretary 7/2/06</i> <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 September 6, 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>
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>KOCH, JEFFREY A</b> <b>1429 SANDLEWOOD DR</b> <b>DUNEDIN, FL 346984123</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Charles Christ</b> <b>2361 Jamaican St. # 11</b> <b>Clearwater, FL 33763</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MAGEE, STACY D</b> <b>5067 LAKE VALENCIA BLVD EAST</b> <b>PALM HARBOR, FL 34684</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>Mark Keaton</b> <b>3726 Prescott Street North</b> <b>St Petersburg, FL 33713</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SCHOENIG, WALTER F</b> <b>2428 FAIRBANKS DR</b> <b>CLEARWATER, FL 337642812</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WILLIAMS, DR NAOMI B</b> <b>1300 RIDGE AVE.</b> <b>CLEARWATER, FL 33755</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>BARNETT, WILLIAM G III</b> <b>1618 KILWINNING CT</b> <b>PALM HARBOR, FL 34684</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>5</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PLUTCHOK, ADAM J</b> <b>2853 SUNSET PT. RD</b> <b>CLEARWATER, FL 33759</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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.					
<b>SIGNATURE:</b> <i>William M. Dorsett</i> <b>William G. Barnett</b> 7/2/06 727-781-1553 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40050440



06302006 Chg-NP CR2E037 (4/06)