2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State
01-30-2006 90134 001 ***122.50

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1. Entity Name
KIWANIS CLUB OF TITUSVILLE FOUNDATION, INC.

66000488

01052006 Chg-NP CR2E037 (11/05)

Principal Place of Business	Mailing Address
3206 S. HOPKINS AVE PMB #224 TITUSVILLE, FL 32780 US	3206 S. HOPKINS AVE PMB #224 TITUSVILLE, FL 32780 US

2. Principal Place of Business	3. Mailing Address
2995 Knox Mc rae Dr.	2995 Knox McRae Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Titusville, FL	Titusville, Fl
Zip 32780 Country USA	Zip 32780 Country USA

4. FEI Number 59-2369725 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FILICHIA, ROBERT
1703 S. WASHINGTON AVE.
TITUSVILLE, FL 32780

7. Name and Address of New Registered Agent

Name: Mullins, Patricia
Street Address (P.O. Box Number is Not Acceptable): 2995 Knox McRae Dr.
City: Titusville FL Zip Code: 32780

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: Robert Filichia Robert D. Filichia 1-21-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P SEARLE, GERALD 4870 PASCO AVE TITUSVILLE, FL 32780	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Barbara Iwanicki 511 Twin Lakes Dr. Titusville, FL 32780	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T IRWIN, KENT 3206 S. HOPKINS AVE. TITUSVILLE, FL 32780	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T William Rushing 3815 Grovewood Ln Titusville, FL 32780	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MULLINS, PAT 2995 KNOX-MCRAE DR TITUSVILLE, FL 32780	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V IWANICKI, BARBARA 511 TWIN LAKES DR TITUSVILLE, FL 32780	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres. Elect Courtney Charvet 2908 Larkspur St. Titusville, FL 32796	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CHARVET, COURTNEY 2908 LARKSPUR ST TITUSVILLE, FL 32780	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: ~~Patricia M. Mullins~~ Patricia M. Mullins 1-21-06 321-267-0223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #