


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90017 040 ****61.25

DOCUMENT # 751698	
1. Entity Name	
THE KIWANIS CLUB OF WINTER PARK FOUNDATION, INC.	

Principal Place of Business	Mailing Address
P O BOX 1573 WINTER PARK FL 32790-1573	PO BOX 1573 WINTER PARK FL 32790-1573



2. Principal Place of Business	3. Mailing Address
980 Virginia Dr	
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State	City & State
Winter Park	
Zip	Country
32789	orange

4. FEI Number	Applied For
59-2207122	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SMITH, DANIEL B R/A 1605 ASHER LANE ORLANDO FL 32803-1825	Name Daniel M Coughlin Jr
	Street Address (P.O. Box Number is Not Acceptable) 980 Virginia Dr
	City Winter Park
	FL Zip Code 32789

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 *Daniel M Coughlin Jr*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **DATE**

FILE NOW: 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P/D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COUGHLIN, DANIEL M		NAME	
STREET ADDRESS 980 VIRGINIA DR		STREET ADDRESS	
CITY-ST-ZIP WINTER PARK FL 32789-5908		CITY-ST-ZIP	
TITLE S/T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SMITH, DANIEL B S/T		NAME	
STREET ADDRESS 1605 ASHER LANE		STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 32803-1825		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME OTTINGER, ROBERT J D		NAME	
STREET ADDRESS 872 GRANVILLE DR.		STREET ADDRESS	
CITY-ST-ZIP WINTER PARK FL 32789-1421		CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MELANSON, ROBERT		NAME	
STREET ADDRESS 510 AVALON BLVD		STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 32806		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Daniel M Coughlin Jr* 2/25/06 4075994154