
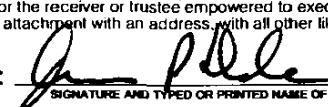


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2006 8:00 am**  
**Secretary of State**

03-07-2006 90009 019 \*\*\*\*61.25

<b>DOCUMENT # 753169</b> 1. Entity Name <b>KIWANIS CLUB OF HISTORIC ST. AUGUSTINE, INCORPORATED</b>					
Principal Place of Business P.O. BOX 3063 ST. AUGUSTINE, FL 32085-0063			Mailing Address P.O. BOX 3063 ST. AUGUSTINE, FL 32085-0063		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2082046</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>HOWELL, WAYNE</b> <b>400 N PONCE DE LEON BLVD</b> <b>SAINT AUGUSTINE, FL 32084</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <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</b> <b>Due by May 1, 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>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WELTY, JASON		NAME	PANEPINTO, NICK	
STREET ADDRESS	24 AVLUTA CIR		STREET ADDRESS	P.O. Box 3063	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080		CITY-ST-ZIP	ST. AUG. FL 32085	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	V.P. RICHARD HEDGES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PINTO, NICK P		NAME	P.O. Box 3063	
STREET ADDRESS	PO BOX 3063		STREET ADDRESS	ST. AUG. FL 32085	
CITY-ST-ZIP	ST AUGUSTINE, FL 32080		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DALE, JAMES		NAME		
STREET ADDRESS	PO BOX 3063		STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE, FL 32086		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRADEN, ROBERT		NAME		
STREET ADDRESS	PO BOX 3063		STREET ADDRESS		
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32085		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 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: 			2/23/06 (704) 471-0530		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		