2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006
Secretary of State

DOCUMENT# 759403

Entity Name: KIWANIS CLUB OF SILVER SPRINGS SHORES, FLORIDA, INC.

Current Principal Place of Business:

674 SILVER RD
OCALA, FL 34472 US

New Principal Place of Business:

Current Mailing Address:

674 SILVER RD
OCALA, FL 34472 US

New Mailing Address:

FEI Number: 59-2157557 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SLUSSER, ZELMA
34 TEAK LOOP
OCALA, FL 34472 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: COLLINS, DREXEL
Address: 507B MIDWAY
City-St-Zip: OCALA, FL 34472

Title: T ( ) Delete
Name: SLUSSER, ZELMA
Address: 34 TEAK LOOP
City-St-Zip: OCALA, FL 34472

Title: VP ( ) Delete
Name: MITCHELL, BERNARD
Address: 716 BAHIA CIRCLE
City-St-Zip: OCALA, FL 34472

Title: S ( ) Delete
Name: NORRIS, EDD
Address: 511 BAHIA CIRCLE
City-St-Zip: OCALA, FL 34472

Title: D ( ) Delete
Name: HALL, RHODIA
Address: 1022 NW 13TH AVE
City-St-Zip: OCALA, FL 34472

Title: P ( ) Delete
Name: MOORE, EVELYN
Address: 26 EMERALD CT
City-St-Zip: OCALA, FL 34472

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ZELMA SLUSSER T 05/03/2006
Electronic Signature of Signing Officer or Director — Date