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

FILED
Mar 15, 2006 8:00 am
Secretary of State
03-15-2006 90103 008 ****61.25

DOCUMENT # **768744**

1. Entity Name

KIWANIS CLUB OF GRACEVILLE, FLORIDA, INC.

Principal Place of Business	Mailing Address
P.O. BOX 591 GRACEVILLE FL 32440 US	P.O. BOX 591 GRACEVILLE FL 32440 US

1st MOORE CR2E037 (10/05)

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 51-0245573 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WICKSELL, CAROLYN
~~1070 8TH AVE.~~
GRACEVILLE FL 32440

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
5369 Cotton St

City **FL** Zip Code

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 Carolyn Wicksell Carolyn Wicksell 01-31-06
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. ☐ **$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	T WATFORD, DAVID 5365 CHERRY ST. GRACEVILLE FL 32440	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Jim Jines 5390 Brown St Graceville, FL 32440	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP JINES, JIM 5390 BROWN ST GRACEVILLE FL 32440	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Dorothy Padgett P.O. Box 595 Graceville FL 32440	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WICKSELL, CAROLYN P.O. BOX 322, 5369 COTTON ST GRACEVILLE FL 32440	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D John Thornton P.O. Box 127 Graceville FL 32440	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P THORNTON, JOHN P.O. BOX 127 GRACEVILLE FL 32440	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Arthur Obar P.O. Box 594 Graceville, FL 32440	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TURNER, JOHN B 125 WENTWORTH DR. DOTHAN AL 36302	☐ 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 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: Carolyn Wicksell