


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2007 8:00 am**  
**Secretary of State**

01-12-2007 90016 046 \*\*\*\*61.25

<b>DOCUMENT # 770963</b>	
1. Entity Name KIWANIS CLUB OF SANTA ROSA SUNRISE, MILTON, FLORIDA, INC.	

Principal Place of Business 5774 TRULUCK AVE MILTON, FL 32570 US	Mailing Address P.O. BOX 706 MILTON, FL 32572-0706 US
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2. Principal Place of Business - No P.O. Box # 5916 TANGLE WOOD DR	3. Mailing Address P.O. Box 706
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State MILTON, FL	City & State MILTON, FL
Zip 32570	Country US
Country US	Zip 32572-0706
Country US	Country US



01042007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2225089	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FITZGERALD, PAUL 6839 CAROLINE ST MILTON, FL 32570	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

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 MARTIA, JAMES E JR 4357 PONDEROSA DR MILTON, FL 32583 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ATTAWAY, LENA P.O. Box 232 BAGDAD, FL 32530 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ATTAWAY, LENA PO BOX 232 BAGDAD, FL 32530 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GREER, DARREL 1709 FLORESTA CIRCLE MILTON, FL 32583 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MILLER, ROBERT F F 5774 TRULUCK AVE MILTON, FL 32570 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FLOURNOY, DONNA 5929 STEPHANIE DR. MILTON, FL 32570 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STELZNER, PAUL 5915 HOGANS ALY MILTON, FL 32590 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:** Paul Stelzner Paul Stelzner 1-5-07 850 623-4881  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #