

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007658

FILED
Jan 09, 2006
Secretary of State

Entity Name: KIWANIS CLUB OF SIESTA KEY, INC.

Current Principal Place of Business:

889 N. WASHINGTON BLVD.
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

P.O BOX 35142
SARASOTA, FL 34242

New Mailing Address:

FEI Number: 65-1140731

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRETSCHNER, ROBERT M
889 N. WASHINGTON BLVD.
SARASOTA, FL 34236 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: P () Delete
Name: GRAVELEY, RICHARD
Address: P.O. BOX 35142
City-St-Zip: SARASOTA, FL 34242

Title: PE () Delete
Name: EZCURRA, GERARD
Address: P.O. BOX 35142
City-St-Zip: SARASOTA, FL 34242

Title: V () Delete
Name: ANDERSON, MATTHEW
Address: P.O. BOX 35142
City-St-Zip: SARASOTA, FL 34242

Title: ST () Delete
Name: MOSELEY, SHERIE
Address: P.O. BOX 35142
City-St-Zip: SARASOTA, FL 34242

Title: D () Delete
Name: PRETSCHNER, ROBERT
Address: 3219 TANGLEWOOD DRIVE
City-St-Zip: SARASOTA, FL 34239

Title: D () Delete
Name: SCHEERLE, FRED
Address: P.O. BOX 35142
City-St-Zip: SARASOTA, FL 34242

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: EZCURRA, GERARD
Address: P.O. BOX 35142
City-St-Zip: SARASOTA, FL 34242

Title: PE (X) Change () Addition
Name: ANDERSON, MATTHEW
Address: P.O. BOX 35142
City-St-Zip: SARASOTA, FL 34242

Title: V (X) Change () Addition
Name: SLOAN, NANCY
Address: P.O. BOX 35142
City-St-Zip: SARASOTA, FL 34242

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: SHERIE MOSELEY

ST

01/09/2006

Electronic Signature of Signing Officer or Director

Date