

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90207 044 \*\*\*\*61.25

**DOCUMENT # N03010**

1. Entity Name  
**KIWANIS CLUB OF UMATILLA, FLORIDA, INC.**



Principal Place of Business  
**537 NORTH UMATILLA BLVD.  
UMATILLA, FL 32784**

Mailing Address  
**537 NORTH UMATILLA BLVD.  
UMATILLA, FL 32784**

40055706



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01162006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
**59-6159094**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HARTMAN, ROBERT L.  
537 NORTH UMATILLA BLVD.  
UMATILLA, FL 32784**

Name

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing 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  
**PED  
STEPHENS, MICHAEL  
19335 PARK PLACE BLVD.  
EUSTIS, FL 32726** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**President  
Robert Curry  
1205 Bly Ct  
Eustis FL 32726** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
MONROE, RONALD  
39526 GOLDEN GEM DR.  
UMATILLA, FL 32784** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
David Rawls  
100 Guerrant St.  
Umatilla, FL 32784** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
ROSE, THOMAS  
41612 SILVER DR.  
UMATILLA, FL 32784** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Treasurer  
Martha C Hartman  
537 N. Umatilla Blvd  
Umatilla, FL 32784** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
MABRY, DORIS  
PO BOX 1064  
UMATILLA, FL 32784** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
Richard Royal  
39025 Rose St.  
Umatilla, FL 32784** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
JOHNSON, STEVE  
41237 SILVER DR.  
UMATILLA, FL 32784** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
Robert Johnson  
14701 CR 450  
Umatilla, FL 32784** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
WESTERVELT, MICKIE  
13828 YALE HAMMOCK RD.  
UMATILLA, FL 32784** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
Benita Martin  
11 Central Ave.  
Umatilla, FL 32784** ☐ Change ☒ 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

*Martha C Hartman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Martha C Hartman*  
Treasurer

*4/18/06*  
Date

*352-669-5515*  
Daytime Phone #