2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011673

Apr 18, 2006 Secretary of State

Entity Name: KIWANIS CLUB OF FERNANDINA BEACH, FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

914 ATLANTIC AVENUE SUITE 2E FERNANDINA BCH, FL 32034

New Mailing Address: Current Mailing Address:

P. O. BOX 6415

FERNANDINA BCH, FL 320356415

FEI Number: 59-6168907 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SHROADS, JAMES L 914 ATLANTIC AVENUE SUITE 2E FERNANDINA BCH, FL 32034 US

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:

Address:

City-St-Zip:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PRES () Delete SHROADS, JAMES L Name:

119 SOUTH 7TH STREET Address:

City-St-Zip: FERNANDINA BEACH, FL 32034 US

Title: VPRE () Delete FALLIN, EVANS Name:

4940 WINDWARD PLACE City-St-Zip: FERNANDINA BEACH, FL 32034 US

Title: SEC () Delete FLOOD, FRANCIS Name: Address: P.O. BOX 1257 City-St-Zip: YULEE, FL 32041 US

Title: TREA () Delete Name: SCHLEGEL, DAVID

Address: 1677 BEACHWALKER ROAD City-St-Zip: FERNANDINA BEACH, FL 32034 US

Title: () Delete Name: Address:

(X) Change () Addition

Name: FALLIN, EVANS

Address: 4940 WINDWARD PLACE

City-St-Zip: FERNANDINA BEACH, FL 32034 US

(X) Change () Addition Title:

Name: SCHLEGAL, DAVID

Address: 1677 BEACHWALKER ROAD

City-St-Zip: FERNANDINA BEACH, FL 32034 US

Title: S/D (X) Change () Addition

FLOOD, FRANCIS Name: Address: P.O. BOX 1257 City-St-Zip: YULEE, FL 32041 US

Title: T/D (X) Change () Addition

Name: PALLEN, MICHAEL

Address: 5 OAK POINT DRIVE

City-St-Zip: FERNANDINA BEACH, FL 32034 US

Title: () Change (X) Addition

SHROADS, JAMES L Name: 914 ATLANTIC AVENUE 2E Address: City-St-Zip: FERNANDINA BEACH, FL 32034

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: JAMES L. SHROADS D 04/18/2006