


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2007 8:00 am
Secretary of State

06-04-2007 90009 036 ****61.25

DOCUMENT # N05000002700 1. Entity Name KIWANIS CLUB OF TITUSVILLE, FLORIDA, INC.					
Principal Place of Business 2995 KNOX MCRAE DR TITUSVILLE, FL 32780-5698			Mailing Address 2995 KNOX MCRAE DR TITUSVILLE, FL 32780-5698		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 3815 GROVEWOOD LN Suite, Apt. #, etc. City & State Titusville, FL Zip Country 32780 FL			
4. FEI Number 20-2595460				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				05312007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent MULLINS, PATRICIA 2995 KNOX MCRAE DR. TITUSVILLE, FL 32780			7. Name and Address of New Registered Agent Name William E. Rushing Street Address (P.O. Box Number is Not Acceptable) 3815 GROVEWOOD LN City Titusville FL Zip Code 32780		
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 <u><i>William E. Rushing</i></u> DATE <u>5/31/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 TWANICKI, BARBARA <input type="checkbox"/> Delete 511 TWIN LAKE DR. TITUSVILLE, FL 35780		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CHARVET COURTNEY 2908 LARKSPUR ST TITUSVILLE, FL 32796	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE <input type="checkbox"/> Delete CHARVET, COURTNEY 2908 LARKSPUR ST. TITUSVILLE, FL 32796		TITLE NAME STREET ADDRESS CITY-ST-ZIP	NANCY OLIVER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PRESIDENT ELECT 2951 MULBERRY DR TITUSVILLE, FL 32780	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete MULLINS, PATRICIA 2995 KNOX MCRAE DR. TITUSVILLE, FL 32780		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete RUSHING, WILLIAM 3815 GROVEWOOD LN TITUSVILLE, FL 32780		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: <u><i>William E. Rushing</i></u> DATE <u>5/31/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					