

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 16, 2006 8:00 am
Secretary of State

05-10-2006 90095 017 ****61.25

DOCUMENT # N05000005528 1. Entity Name KIWANIS CLUB OF STARKE, INC.					
Principal Place of Business PO BOX 125 STARKE, FL 32091			Mailing Address PO BOX 125 STARKE, FL 32091		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-3085968	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent DRUMMOND, DONALD L EA 263 N TEMPLE AVENUE STARKE, FL 32091			7. Name and Address of New Registered Agent Name Miller, Otha Street Address (P.O. Box Number is Not Acceptable) 2070 N.E. 185th Street 2020 N. E. 185th Street City Starke, FL Zip Code FL 32091		
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 <i>Otha Miller</i> Signature, typed or printed name of registered agent and title if applicable.			DATE 5/8/06 (NOTE: Registered Agent signature required when renewing)		
Filing Fee is \$61.25 Due by September 6, 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	P ABBOTT, JEANETTE PO BOX 125 STARKE, FL 32091	☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	P Sellers, Lila P.O. Box 125 Starke, FL 32091	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP SELLARS, LILA PO BOX 125 STARKE, FL 32091	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP Canova, Cheryl P.O. Box 125 Starke, FL 32091	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T DRUMMOND, DONALD L EA PO BOX 125 STARKE, FL 32091	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	T Miller, Otha P.O. Box 125 Starke, FL 32091	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	☐ 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 <i>Otha Miller</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE 5/8/06 DAYTIME PHONE 904-966-6730		

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