


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90225 022 ****61.25

DOCUMENT # N05000011118 1. Entity Name KIWANIS CLUB OF FT. KING AT OCALA, FLORIDA, INC.					
Principal Place of Business ELKS CLUB P.O. BOX 486 OCALA, FL 34478-0486			Mailing Address ELKS CLUB P.O. BOX 486 OCALA, FL 34478-0486		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
COLE, JANICE 4551 S.E. 39TH COURT OCALA, FL 34480				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COLE, JANICE		NAME		
STREET ADDRESS	P.O. BOX 486		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 344780486		CITY-ST-ZIP		
TITLE	P <input type="checkbox"/> Delete		TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAURIE, DON		NAME		
STREET ADDRESS	P.O. BOX 486		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 344780486		CITY-ST-ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLAUDIO, LAINIE		NAME		
STREET ADDRESS	P.O. BOX 486		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 344780486		CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HENRY, BARBARA		NAME		
STREET ADDRESS	P.O. BOX 486		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 344780486		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARBER, KET		NAME		
STREET ADDRESS	P.O. BOX 486		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 344780486		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREEN, JUDY		NAME		
STREET ADDRESS	P.O. BOX 486		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 344780486		CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Don Laurie **DON LAURIE** 4/24/06 352-368-8390