

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09513

FILED  
Apr 11, 2006  
Secretary of State

Entity Name: KIWANIS CLUB OF EUSTIS, FLORIDA, INC.

**Current Principal Place of Business:**

P.O. BOX 1225  
EUSTIS, FL 327271600

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1225  
EUSTIS, FL 327271600

**New Mailing Address:**

FEI Number: 59-2353142

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HOLTZCLAW, RACHEL  
66 W SEMINOLE AVE.  
EUSTIS, FL 32726 US

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

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MOULDEN, ROBERT  
Address: P.O. BOX 1493  
City-St-Zip: EUSTIS, FL 327271493

Title: T ( ) Delete  
Name: FREEMAN, CYNTHIA  
Address: 1403 ALFRED # 104  
City-St-Zip: TAVARES, FL 32778

Title: P ( ) Delete  
Name: SMITH, JOHNNY  
Address: 343 N. BAY  
City-St-Zip: EUSTIS, FL 32726

Title: D ( ) Delete  
Name: HOLTZCLAW, RACHEL  
Address: 66 W SEMINOLE AVENUE  
City-St-Zip: EUSTIS, FL 32726

Title: D (X) Delete  
Name: EARNEST, PHILIP  
Address: 630 N EUSTIS STREET  
City-St-Zip: EUSTIS, FL 32726

Title: D (X) Delete  
Name: SCHMIDT, WILLIAM  
Address: 2727 S GROVE ST.  
City-St-Zip: EUSTIS, FL 32726

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: GILLIES, JIM  
Address: 1223 TYRINGHAM RD  
City-St-Zip: EUSTIS, FL 32726

Title: VP (X) Change ( ) Addition  
Name: CARTER, ROY  
Address: 723 SUNRISE DR  
City-St-Zip: EUSTIS, FL 32726

Title: TREA (X) Change ( ) Addition  
Name: SCHAUTZ, GLENN  
Address: 2694 WINCHESTER CIRCLE  
City-St-Zip: EUSTIS, FL 32726

Title: SEC (X) Change ( ) Addition  
Name: LEHEUP-SMITH, KAREN  
Address: 426 E. LEMON AVE  
City-St-Zip: EUSTIS, FL 32726

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: KAREN R. LEHEUP-SMITH

SEC

04/11/2006

Electronic Signature of Signing Officer or Director

Date