

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

03-30-2006 90034 017 ****61.25

DOCUMENT # N10256 1. Entity Name KIWANIS CLUB OF DUNEDIN FOUNDATION, INC.																																																																																																																																																																																			
Principal Place of Business P.O. BOX 41 DUNEDIN, FL 34697-0041			Mailing Address P.O. BOX 41 DUNEDIN, FL 34697-0041																																																																																																																																																																																
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Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																																																																	
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Zip	Country	Zip	Country																																																																																																																																																																																
4. FEI Number 59-3093261				Applied For ☐ Not Applicable																																																																																																																																																																															
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required																																																																																																																																																																															
6. Name and Address of Current Registered Agent DEANE, SHEILA 2226 SNEAD AVENUE DUNEDIN, FL 34698			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____																																																																																																																																																																																
B. 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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remaining)																																																																																																																																																																																			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		10. check payable to Department of State NO DIRECTORS IN 10 ☐ Change ☐ Addition																																																																																																																																																																															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. PD</th> </tr> <tr> <td style="width: 33%;">TITLE</td> <td style="width: 33%;">NAME</td> <td style="width: 33%; text-align: center;">☐ Delete</td> <td style="width: 33%;">TITLE</td> <td style="width: 33%;">NAME</td> <td style="width: 33%; text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>PO: GAWEL, JEFF</td> <td></td> <td>STREET ADDRESS</td> <td>PO Box 2450</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>54 VALENCIA DR. 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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>Sheila Deane</u> April 11, 2006 727-736-7935 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																																																																																																																			