


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90075 013 ****70.00

DOCUMENT # N10258

1. Entity Name
 KIWANIS CLUB OF THE PLAYGROUND AREA, INC.



Principal Place of Business Mailing Address

~~SUE LEFFEWE, SEC.~~
~~1931 ESTIVAL ST~~
~~FORT WALTON BEACH FL 32547~~
~~US~~

PO BOX 507
 SHALIMAR FL 32579
 US



2. Principal Place of Business 3. Mailing Address

208 FLiva Ave.

Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State City & State

Fort Walton Beach, FL

Zip Country Zip Country

32548 USA

4. FEI Number 59-6569622

Applied For Not Applicable

5. Certificate of Status Desired \$8.75. Additional Fee Required

6. Name and Address of Current Registered Agent

~~LEFFEWE, SUE SEC.~~
~~1491 ESTIVAL ST~~
~~FORT WALTON BEACH FL 32547~~

7. Name and Address of New Registered Agent

Name DUANE BARTS (SECRETARY)

Street Address (P.O. Box Number is Not Acceptable)
 208 FLiva Ave.

City Fort Walton Beach FL Zip Code 32548

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 Duane A. Barts Secretary 25 Jan 2006

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 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

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	LEFFEWE, SUE	
STREET ADDRESS	1931 ESTIVAL ST	
CITY-ST-ZIP	FORT WALTON BEACH FL 32547	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SEER, RICHARD	
STREET ADDRESS	133 WOODBINE CIRCLE	
CITY-ST-ZIP	FORT WALTON BEACH FL 32548	
TITLE	D	<input type="checkbox"/> Delete
NAME	DODD, DONNIE	
STREET ADDRESS	713 OVER BROOK	
CITY-ST-ZIP	FORT WALTON BEACH FL 32547	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TEW, RANDY	
STREET ADDRESS	271 BRIAN CIRCLE	
CITY-ST-ZIP	MARY ESTHER FL 32569	
TITLE	S	<input type="checkbox"/> Delete
NAME	STEWART, TOM	
STREET ADDRESS	945 F ASHLEY LANE	
CITY-ST-ZIP	FORT WALTON BEACH FL 32547	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DODD, KATHIE	
STREET ADDRESS	413 OVERBROOK DR	
CITY-ST-ZIP	FORT WALTON BEACH FL 32547	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUANE BARTS	
STREET ADDRESS	208 FLiva Ave.	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548	
TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOB BURTON	
STREET ADDRESS	360 BRIAN CIRCLE	
CITY-ST-ZIP	MARY ESTHER, FL 32569	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D (DIRECTOR)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EMILY CONDE	
STREET ADDRESS	919 HOLBROOK CIRCLE	
CITY-ST-ZIP	FORT WALTON BEACH FL 32547	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Duane A. Barts Secretary 850-9029 25 Jan 2006

ATTACHMENT

~~60012564~~
#N10258

ATTACHMENT - Addition

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FOR: Kiwanis Club of the Playground Area, Inc.

DOCUMENT: #N10258

Addition TO OFFICERS AND DIRECTORS:

Block 11.

Addition

Title: T/D

NAME:

PAUL D. HORN

ST. Address:

617 Cambridge Ave NE

CITY, ST, ZIP:

FORT WALTON BEACH, FL 32547