

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 20, 2006
Secretary of State

DOCUMENT# N12474

Entity Name: KIWANIS CLUB OF DOWNTOWN BREAKFAST, INC.**Current Principal Place of Business:**434 FERNLEAF
SEBRING, FL 33870 US**New Principal Place of Business:****Current Mailing Address:**3411 AUSTIN ST.
SEBRING, FL 33872 US**New Mailing Address:****FEI Number:****FEI Number Applied For ()****FEI Number Not Applicable (X)****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SHINHOLSER, OLIN
430 SOUTH COMMERCE AVENUE
SEBRING, FL 33872 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: PD () Delete
Name: SHINHOLSER, OLIN
Address: 430 SOUTH COMMERCE AVENUE
City-St-Zip: SEBRING, FL 33870 USTitle: VD () Delete
Name: KAISER, MARIA
Address: 338 S. ORANGE ST.
City-St-Zip: SEBRING, FL 33870 USTitle: D () Delete
Name: HOLMES, MARY
Address: 3135 KENILWORTH BLVD.
City-St-Zip: SEBRING, FL 33870 USTitle: SD () Delete
Name: NUGENT, JUDY
Address: 2815 PAR ROAD
City-St-Zip: SEBRING, FL 338721230 USTitle: DT () Delete
Name: COLLIER, KEVIN
Address: 3411 AUSTIN ST.
City-St-Zip: SEBRING, FL 33872 USTitle: D () Delete
Name: COLANGELO, JOE
Address: 239 JAY AVE.
City-St-Zip: SEBRING, FL 33872 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
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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: KEVIN COLLIER

DT

07/20/2006

Electronic Signature of Signing Officer or Director

Date