


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 03, 2006 8:00 am**  
**Secretary of State**

02-03-2006 90012 050 \*\*\*\*61.25

<b>DOCUMENT # N15918</b> 1. Entity Name <b>KIWANIS CLUB OF GAINESVILLE FOUNDATION, INC.</b>					
Principal Place of Business <b>4001 NEWBERRY ROAD, SUITE C-1</b> <b>PO BOX 15375</b> <b>GAINESVILLE, FL 32604</b>			Mailing Address <b>4001 NEWBERRY ROAD, SUITE C-1</b> <b>PO BOX 15375</b> <b>GAINESVILLE, FL 32604</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-2708368</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>WARD, PETER H.</b> <b>4001 NEWBERRY ROAD, SUITE C-1</b> <b>GAINESVILLE, FL 32607</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>CHENUT, WILLIAM T</b> <b>10 NW 6TH STREET</b> <b>GAINESVILLE, FL 32601</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>ROMEY, CARL</b> <b>3405 NW 52ND PLACE</b> <b>GAINESVILLE, FL 32605</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST <input type="checkbox"/> Delete <b>JOHNSON, CHARLES G. JR.</b> <b>527 NW 36TH STREET</b> <b>GAINESVILLE, FL 32607</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>ST</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete <b>MAHAFFEY, DICK D</b> <b>4528 SW 9TH TERRACE</b> <b>GAINESVILLE, FL 32608</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4528 SW 9TH TERRACE</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete <b>CULBERTSON, JERRY K</b> <b>10526 SW 55TH PLACE</b> <b>GAINESVILLE, FL 32608</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>DICKSON, SHELIA</b> <b>3000 NW 66TH TERRACE</b> <b>GAINESVILLE, FL 32606</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>POPE, WILFORD E</b> <b>4150 NW 62ND AVE</b> <b>GAINESVILLE, FL 32653</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete <b>THOMAS, KIMBERLY</b> <b>11239 NW 35TH AVENUE</b> <b>GAINESVILLE, FL 32606</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>EARLE, JONATHAN</b> <b>9516 SW 20TH LANE</b> <b>GAINESVILLE, FL 32607</b>		
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.					
<b>SIGNATURE:</b> <u>Charles G. Johnson Jr.</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1/30/06 352 376-8669 Date Daytime Phone #			

# ATTACHMENT

40008380

2006 Not-For-Profit Corporation - Attachment  
Annual Report

Document # N15918

Kiwanis Club of Gainesville Foundation, Inc.

## Addition - Directors

Title	D
Name	Heltemes, William
Street Address	3226 NW 24th Avenue
City-St-Zip	Gainesville, Florida 32605

Title	D
Name	Jordan, Randall L.
Street Address	2114 NW 40th Terrace, Suite C-1
City-St-Zip	Gainesville, FL 32605

Title	D
Name	Myrick, Nancy A.
Street Address	4425 SW 103 Court
City-St-Zip	Gainesville, FL 32608

Title	D
Name	Van Winkle, Bob
Street Address	3969 NW 27th Lane
City-St-Zip	Gainesville, Florida 32606

Title	D
Name	Welch, David S.
Street Address	223 NW 28th Street
City-St-Zip	Gainesville, FL 32607