2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State
04-22-2005 90302 031 ****61.25

DOCUMENT # N18150

1. Entity Name
KIWANIS CLUB OF WILDWOOD, FLORIDA, INC.

Principal Place of Business	Mailing Address
P.O. BOX 40 WILDWOOD, FL 34785	P.O. BOX 40 WILDWOOD, FL 34785

04172005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Above	Above
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Wildwood, Fl	City & State
Zip: 34785 Country: USA	Zip Country

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COUILLARD, DIANE 609 N. OLD WIRE ROAD WILDWOOD, FL 34785	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	NICHOLS, THERM		NAME		
STREET ADDRESS	3532 WRIGHTLING WAY		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33162		CITY-ST-ZIP		
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ROCKEE, RODNEY		NAME		
STREET ADDRESS	P.O. BOX 623		STREET ADDRESS		
CITY-ST-ZIP	WILDWOOD, FL 34785		CITY-ST-ZIP		
TITLE	TD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ROCKCASTLE, RUTH		NAME		
STREET ADDRESS	3372 CR 204		STREET ADDRESS		
CITY-ST-ZIP	WILDWOOD, FL 34785		CITY-ST-ZIP		
TITLE	~~S~~	☐ Delete	TITLE	Sec/Treas.	☒ Change ☐ Addition
NAME	~~WALKER, SONNA~~		NAME	RUTH ROCKCASTLE	
STREET ADDRESS	~~P.O. BOX 40~~		STREET ADDRESS	3372 CR 204	
CITY-ST-ZIP	~~WILDWOOD, FL 34785~~		CITY-ST-ZIP	Oxford, Fl 34484	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Ruth Rockcastle 4/10/05 3526360542
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #