


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90098 004 ****61.25

DOCUMENT # N22965

1. Entity Name
 KIWANIS CLUB OF GREATER HAINES CITY, FLORIDA, INC.



Principal Place of Business
 CRYSTAL CAFE
 645 INGRAHAM AVENUE EAST
 HAINES CITY, FL 33844

Mailing Address
 PO BOX 905
 HAINES CITY, FL 33845-0905



2. Principal Place of Business
 John's Restaurant
 Suite, Apt. #, etc.
 33230 Highway 27
 City & State
 Haines City, FL
 Zip
 33844
 Country
 USA

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip
 Country

04092006 Chg-NP CR2E037 (11/05)

4. FEI Number
 59-1695483

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 NADEAU, ALCIDE
 773 CENTER CREST BLVD
 DAVENPORT, FL 33837

7. Name and Address of New Registered Agent
 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 *Alcide G. Nadau* DATE *April 11, 2006*

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

Filing 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 NAME	S COTHER, PATRICK C CAPT.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	526 AVENUE H-S.E.	
CITY-ST-ZIP	WINTER HAVEN, FL 338803773	
TITLE NAME	P PUTNEY, FRED E	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	903 14TH STREET NE	
CITY-ST-ZIP	WINTER HAVEN, FL 338814313	
TITLE NAME	D HODGES, SEATON	<input type="checkbox"/> Delete
STREET ADDRESS	P.O. BOX 687	
CITY-ST-ZIP	HAINES CITY, FL 338450687	
TITLE NAME	D CLEMONS, DAN	<input type="checkbox"/> Delete
STREET ADDRESS	1510 NORTH 26TH TERRANCE	
CITY-ST-ZIP	HAINES CITY, FL 33844	
TITLE NAME	D PILGRIM, OWEN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	211 EDELWEISS DR	
CITY-ST-ZIP	WINTER HAVEN, FL 33881	
TITLE NAME	T ADAMS, DEBORAH L	<input type="checkbox"/> Delete
STREET ADDRESS	1316 SOUTH BOULEVARD WEST	
CITY-ST-ZIP	DAVENPORT, FL 338379093	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	Secretary Fred Putney	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	481 18th Street, SE	
CITY-ST-ZIP	Winter Haven, FL 33884	
TITLE NAME	President John Stewart	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	153 Rockwood 121 Coventry Lane	
CITY-ST-ZIP	Haines City, FL 33844	
TITLE NAME	Director Louis McKnight	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	P.O. Box 65	
CITY-ST-ZIP	Davenport, FL 33836	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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 *Deborah L. Adams* DATE *4-11-06* DAYTIME PHONE # *863-421-0576*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR