

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28222

FILED  
Jan 10, 2006  
Secretary of State

**Entity Name:** KIWANIS CLUB OF THE CITRUS CENTER FOUNDATION, INC.

**Current Principal Place of Business:**

P O BOX 8954  
LAKELAND, FL 33805 US

**New Principal Place of Business:**

P O BOX 8954  
LAKELAND, FL 33806 US

**Current Mailing Address:**

614 PALMORE CT  
LAKELAND, FL 33813 US

**New Mailing Address:**

**FEI Number:** 59-2907041      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HART, TIM J  
614 PALMORE CT  
LAKELAND, FL 33813 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: TD ( ) Delete  
Name: HART, TIM J  
Address: 614 PALMORE CT  
City-St-Zip: LAKELAND, FL 33813

Title: PD ( ) Delete  
Name: STRAIN, CHARLES  
Address: 905 SOUTHPOINT LANE  
City-St-Zip: LAKELAND, FL 33813

Title: VD ( ) Delete  
Name: BAUM, REBECCA  
Address: 720 SUNSET COVE DR  
City-St-Zip: WINTER HAVEN, FL 33880

Title: VPD ( ) Delete  
Name: STANGE, STEVE  
Address: 608 PALMORE CT  
City-St-Zip: LAKELAND, FL 33813

Title: SD ( ) Delete  
Name: KNOWLES, BRIAN  
Address: 720 SUNSET COVE DR  
City-St-Zip: WINTER HAVEN, FL 33880

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: STRAIN, CHARLES  
Address: 905 SOUTHPOINT LANE  
City-St-Zip: LAKELAND, FL 33813

Title: VPD (X) Change ( ) Addition  
Name: BAUM, REBECCA  
Address: P O BOX 8842  
City-St-Zip: LAKELAND, FL 33806

Title: PD (X) Change ( ) Addition  
Name: STANGE, STEVE  
Address: 608 PALMORE CT  
City-St-Zip: LAKELAND, FL 33813

Title: SD (X) Change ( ) Addition  
Name: GREEN, JACKIE  
Address: 1400 GRASSLANDS BLVD APT 43  
City-St-Zip: LAKELAND, FL 33803

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: TIM J HART

TD

01/10/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date