


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90069 008 ****61.25

DOCUMENT # N31228
 1. Entity Name
TALLAHASSEE KIWANIS CLUB FOUNDATION, INC.



Principal Place of Business
~~293 THORNBERG DR~~
~~TALLAHASSEE, FL 32312 US~~

Mailing Address
 P O BOX 1722
 TALLAHASSEE, FL 32303 US

60010919



2. Principal Place of Business
1104 KENILWORTH RO

3. Mailing Address

Suite, Apt. #, etc.

01312006 Chg-NP CR2E037 (11/05)

City & State
TALLAHASSEE FL

City & State

Zip
32312 Country
USA

Zip Country

4. FEI Number
59-2970951

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

GUEMPLE, RANDY
293 THORNBERG DR.
TALLAHASSEE, FL 32312

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 _____ DATE _____
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	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete
NAME	ASKINS, JEFF
STREET ADDRESS	1952 CHARLAIS STREET
CITY-ST-ZIP	TALLAHASSEE, FL 32317
TITLE	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete
NAME	GUEMPLE, RANDY
STREET ADDRESS	293 THORNBERG DR.
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	<input type="checkbox"/> Add <input type="checkbox"/> Delete
NAME	CRAIG, JOHN
STREET ADDRESS	3116 ANSLEY PARK DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32309
TITLE	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete
NAME	SHANK, NANCY
STREET ADDRESS	6082 GASCONY LANE
CITY-ST-ZIP	TALLAHASSEE, FL 32309
TITLE	<input type="checkbox"/> Add <input type="checkbox"/> Delete
NAME	APPLEMAN, CARLOTTA
STREET ADDRESS	401 SOUTH RIDE
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	<input type="checkbox"/> Add <input type="checkbox"/> Delete
NAME	PAYNE, DORIS
STREET ADDRESS	186 NE VILLAS CT
CITY-ST-ZIP	TALLAHASSEE, FL 32303

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARK NORTHCUTT
STREET ADDRESS	1104 KENILWORTH RO
CITY-ST-ZIP	TALLAHASSEE FL 32312
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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: _____ **Date** 2/31/06 **Daytime Phone #** _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR