


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90149 030 \*\*\*\*61.25

<b>DOCUMENT # N33760</b> 1. Entity Name <b>KIWANIS CLUB OF LAKE CITY, FLORIDA, INC.</b>					
Principal Place of Business <b>508 SE EVERGREEN DR LAKE CITY, FL 32025 US</b>				Mailing Address <b>P.O. BOX 2802 LAKE CITY, FL 32056-2802</b>	
2. Principal Place of Business <b>131 SE RAINTREE LOOP</b>		3. Mailing Address Suite, Apt. #, etc. <b>APT 106</b>			
City & State <b>LAKE CITY, FLORIDA</b>		City & State <b>LAKE CITY, FL</b>			
Zip <b>32025</b>	Country <b>COLUMBIA</b>	Zip <b>32025</b>	Country <b>COLUMBIA</b>	4. FEI Number <b>59-2932489</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>COLLINS, STEPHEN J 508 SE EVERGREEN DR LAKE CITY, FL 32025</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>131 SE RAINTREE LOOP APT 106</b> City <b>LAKE CITY</b> <b>FL</b> Zip Code <b>32025</b>		
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 <u><i>Stephen J. Collins</i></u> <b>APRIL 19, 2006</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to 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	<b>P</b> <b>THOMAS, DERICK</b> <b>259 SW GUSTY GLEN</b> <b>LAKE CITY, FL 32025</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PE</b> <b>BURLEY, JOHN L</b> <b>9446 141 LANE</b> <b>LIVE OAK, FL 32060</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>COLLINS, STEPHEN J</b> <b>508 SE EVERGREEN DR</b> <b>LAKE CITY, FL 32025</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BRISCOE, STEVE L</b> <b>RT 15 BOX 3154</b> <b>LAKE CITY, FL 32024</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>KASAK, JOHN</b> <b>904 SW SR 247</b> <b>LAKE CITY, FL 32025</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ADAMS, DEKOVEN R</b> <b>1431 SE VALE CT</b> <b>LAKE CITY, FL 32025</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/E</b> <b>KASAK, JOHN</b> <b>904 SW SR 247</b> <b>LAKE CITY, FL 32025</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>MANGRUM, DAVID E.</b> <b>634 SE MAYHALL TERRACE</b> <b>LAKE CITY, 32025</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ADAMS, DEKOVEN R</b> <b>1431 SE VALE CT</b> <b>LAKE CITY, FL 32025</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u><i>Stephen J. Collins</i></u> <b>APRIL 19, 2006</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

# ATTACHMENT

~~# N33760~~  
Officers, and Directors changes for:  
Kiwanis Club of Lake City, Inc  
DOCUMENT# N33760

400 77269

- |     |  |  |
|-----|--|--|
| 1.  | COLLINS, STEPHEN J<br>131 SE RAINTREE LOOP APT 106<br>LAKE CITY, FL 32025      | TITLE: TREASURER<br>PHONE: 386-623-9513<br>SALARIED: N       |
| 2.  | COLLINS, STEPHEN J<br>131 SE RAINTREE LOOP APT 106<br>LAKE CITY, FL 32025-6875 | TITLE: SECRETARY<br>PHONE: 386-623-9513<br>SALARIED: N       |
| 3.  | THOMAS, DERICK<br>RT 22 BOX 22620<br>LAKE CITY, FL 32024                       | TITLE: PRESIDENT<br>PHONE: 386-961-0102<br>SALARIED: N       |
| 4.  | MANGRUM, DAVID E.<br>ADDRESS: 634 SE Mayhall Terrace<br>LAKE CITY, FL 32025    | TITLE: VICE PRESIDENT<br>PHONE: 386-752-4716<br>SALARIED: N  |
| 5.  | KASAK, JOHN<br>ADDRESS: 904 SW SR247<br>LAKE CITY, FL 32025                    | TITLE: PRESIDENT/ELECT<br>PHONE: 386-752-7521<br>SALARIED: N |
| 6.  | ADAMS, DEKOVEN R<br>ADDRESS: 1431 SE VALE COURT<br>LAKE CITY, FL 32025         | TITLE: DIRECTOR<br>PHONE: 386-752-1444<br>SALARIED: N        |
| 7.  | BRISCOE, STEVE L<br>ADDRESS: RT 15 BOX 3154<br>LAKE CITY, FL 32024             | TITLE: DIRECTOR<br>PHONE: 386-752-7828<br>SALARIED: N        |
| 8.  | HOWELL, JOHN D<br>1851 SW MIDTOWN RD<br>LAKE CITY, FL 32025                    | TITLE: DIRECTOR<br>PHONE: 386-752-5711<br>SALARIED: N        |
| 9.  | HUNT, DARRELL W<br>119 NW ETHAN PLACE<br>LAKE CITY, FL 32055                   | TITLE: DIRECTOR<br>PHONE: 386-752-1660<br>SALARIED: N        |
| 10. | PARISH, ROGER S<br>605 SW CR 47<br>LAKE CITY, FL 32025                         | TITLE: DIRECTOR<br>PHONE: 386-754-4003<br>SALARIED: N        |

40077269

**ATTACHMENT**

#N33760

PAGE TWO

- |     |  |   |
|-----|--|---|
| 11. | SWILLEY, SANDY<br>295 SW WINCHESTER GLEN<br>HIGH SPRINGS, FL 32643   | TITLE: DIRECTOR<br>PHONE: 386-454-5211<br>SALARIED: N       |
| 12. | SUMMERALL, ROB<br>1252 E. DUVAL STREET<br>LAKE CITY, FL 32055        | TITLE: DIRECTOR<br>PHONE: 386-754-5600<br>SALARIED: N       |
| 13. | SMITH, DENNIS A<br>RR 22 BOX 2646<br>LAKE CITY, FL 32024-9388        | TITLE: DIRECTOR<br>PHONE: 386-754-2222<br>SALARIED: N       |
| 14. | JONES, JOHN P<br>495 NW ZACK DRIVE<br>LAKE CITY, FL 32055            | TITLE: DIRECTOR<br>PHONE: 386-752-7529<br>SALARIED: N       |
| 15. | TOMPKINS, THOMAS C<br>P.O. BOX 2998<br>LAKE CITY, FL 32056-2998      | TITLE: DIRECTOR<br>PHONE: 386-752-4820<br>SALARIED: N       |
| 16. | NELSON, MICHAEL E<br>224 SE HERNANDO AVE<br>LAKE CITY, FL 32025-4446 | TITLE: PAST PRESIDENT<br>PHONE: 386-752-2011<br>SALARIED: N |