



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90070 036 ****61.25

DOCUMENT # N36683 1. Entity Name KIWANIS CLUB OF SEABREEZE - DAYTONA BEACH, INC.					
Principal Place of Business C/O ANGELL & 156 S BEACH STREET DAYTONA BEACH, FL 32114 US			Mailing Address % MARK WEINBERG 906 COUNTRYSIDE WEST BLVD PORT ORANGE, FL 32127 US		
2. Principal Place of Business c/o Riviera Assisted Living Suite, Apt. #, etc. 1825 Ridgewood Ave.		3. Mailing Address NO CHANGE Suite, Apt. #, etc.			
City & State Holly Hill, FL		City & State		4. FEI Number 59-3063248	
Zip 32117		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FORRESTER, GENE 1112-C BEVILLE RD DAYTONA BEACH, FL 32114				7. Name and Address of New Registered Agent Name LaRue, John Street Address (P.O. Box Number is Not Acceptable) 642 N. Grandview Ave. City Daytona Beach FL Zip Code 32118	
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. <i>John LaRue</i>					
SIGNATURE John LaRue, President, Seabreeze Kiwanis 2/9/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD FORRESTER, GENE 1112 C BEVILLE RD DAYTONA BEACH, FL 32114 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LaRue, John 642 N. Grandview Ave. Daytona Beach, FL 32118 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WEINBERG, MARK 906 COUNTRYSIDE WEST BLVD PORT ORANGE, FL 32127 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TERARINO, DARLENE PO BOX 9605 DAYTONA BEACH, FL 32120 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>Mark A. Weinberg</i> MARK A. WEINBERG 2/9/05 (386) 788-6001 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					