


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90162 008 \*\*\*\*61.25

<b>DOCUMENT # N36683</b> 1. Entity Name <b>KIWANIS CLUB OF SEABREEZE - DAYTONA BEACH, INC.</b>					
Principal Place of Business <b>C/O RIVIERA ASSISTED LIVING 1825 RIDGEWOOD AVE DAYTONA BEACH, FL 32117 US</b>			Mailing Address <b>% MARK WEINBERG 906 COUNTRYSIDE WEST BLVD PORT ORANGE, FL 32127 US</b>		
2. Principal Place of Business - No P.O. Box # <b>NO CHANGE</b>		3. Mailing Address <b>NO CHANGE</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3063248</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>MACINTYRE, ROD 416 PELICAN BAY DR DAYTONA BEACH, FL 32119</b>				7. Name and Address of New Registered Agent Name <b>Plante, Gena</b> Street Address (P.O. Box Number is Not Acceptable) <b>630 Daytona Ave.</b> City <b>Holly Hill</b> <b>FL</b> Zip Code <b>32117</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 <b>Gena M. Plante, President, Seabreeze Kiwanis</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <b>4/20/07</b>	
<b>Filing Fee is \$61.25 Due by May 1, 2007</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>PD MACINTYRE, ROD 416 PELICAN BAY DR DAYTONA BEACH, FL 32119</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD Plante, Gena 630 Daytona Ave. Holly Hill, FL 32117</b>
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T WEINBERG, MARK 906 COUNTRYSIDE WEST BLVD PORT ORANGE, FL 32127</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD TERARINO, DARLENE PO BOX 9605 DAYTONA BEACH, FL 32120</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<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	<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.					
<b>SIGNATURE: <u>Mark A. Weinberg</u> MARK A. WEINBERG 4/20/07 (386) 788-6001</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					