

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37003

FILED
Feb 24, 2006
Secretary of State

Entity Name: KIWANIS CLUB OF PALATKA FOUNDATION, INC.

Current Principal Place of Business:

P O BOX 313
PALATKA, FL 321780313

New Principal Place of Business:

Current Mailing Address:

P O BOX 313
PALATKA, FL 321780313

New Mailing Address:

FEI Number: 59-3025675

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOWNSEND, WILLIAM L ESQ
200 REID STREET
PALATKA, FL 32177 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: D () Delete
Name: TINGLE, CAROLINE
Address: 2509 FAIRWAY DR
City-St-Zip: PALATKA, FL 32177

Title: P () Delete
Name: SEASHORE, GREG
Address: PO BOX 957
City-St-Zip: WELAKA, FL 32193

Title: T () Delete
Name: JACOBS, JOHN
Address: 521 S 17TH STREET
City-St-Zip: PALATKA, FL 32177

Title: S () Delete
Name: FRENCH, VALERIE
Address: 4529 HUDSON ST
City-St-Zip: PALATKA, FL 32177

Title: D () Delete
Name: BREY, JACOB H JR
Address: PO BOX 129
City-St-Zip: LAKE COMO, FL 32157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change () Addition
Name: HIGGINBOTHAM, TRENT
Address: 117 CYPRESS DRIVE
City-St-Zip: EAST PALATKA, FL 32131

Title: T (X) Change () Addition
Name: JACOBS, JOHN
Address: 104 LINDA LANE
City-St-Zip: PALATKA, FL 32177

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

Title: D (X) Change () Addition
Name: BREMKAMP, BOB
Address: 141 TANNER WOOD CIRCLE
City-St-Zip: PALATKA, FL 32177

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: JOHN R JACOBS

T

02/24/2006

Electronic Signature of Signing Officer or Director

Date