

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37391

FILED  
Jan 04, 2006  
Secretary of State

Entity Name: KIWANIS CLUB OF ST. AUGUSTINE CORPORATION

**Current Principal Place of Business:**

P.O. BOX 637  
ST. AUGUSTINE, FL 320857637

**New Principal Place of Business:**

P.O. BOX 637  
ST. AUGUSTINE, FL 320850637

**Current Mailing Address:**

P.O. BOX 637  
ST. AUGUSTINE, FL 320857637

**New Mailing Address:**

P.O. BOX 637  
ST. AUGUSTINE, FL 320850637

FEI Number: 59-3017853

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

EBERLING, ROBERT CPA  
1797 OLD MOULTRIE RD.  
SUITE 107  
SAINT AUGUSTINE, FL 320844166 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: T ( ) Delete  
Name: EBERLING, ROBERT  
Address: 437 BIG TREE RD  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: P ( ) Delete  
Name: LUEDERS, LORAN  
Address: 3851 N CROSSROAD  
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: SD ( ) Delete  
Name: SCAFF, SUSAN  
Address: 5035 C R 208  
City-St-Zip: SAINT AUGUSTINE, FL 32092

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: TD (X) Change ( ) Addition  
Name: EBERLING, ROBERT  
Address: 437 BIG TREE RD  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: PD (X) Change ( ) Addition  
Name: CLUKEY, MICAH  
Address: 106 N MATANZAS BLVD  
City-St-Zip: SAINT AUGUSTINE, FL 32084

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

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: ROBERT EBERLING

TD

01/04/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date