

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90161 012 \*\*\*\*61.25

**DOCUMENT # N40487**

1. Entity Name  
THE KIWANIS CLUB OF SPRINGTIME CITY, INC.



40063100



Principal Place of Business  
P O BOX 6142  
CLEARWATER, FL 33758-6142 US

Mailing Address  
P O BOX 6142  
CLEARWATER, FL 33758-6142 US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

04212006 Chg-NP CR2E037 (11/05)

4. FEI Number  
59-6138681

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEARSE, RICHARD L., JR.  
1239 S. MYRTLE AVENUE  
CLEARWATER, FL 33756

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$61.25  
Due by May 1, 2006

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$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 SD ☒ Delete  
NAME GRESHAM, DARREL  
STREET ADDRESS 3863 TARPON POINTE CIR.  
CITY-ST-ZIP OLDSMAR, FL

TITLE SD ☐ Change ☒ Addition  
NAME Jim Eubank  
STREET ADDRESS 1539 Misty Atokau Tr.  
CITY-ST-ZIP Clearwater, FL 33765

TITLE TD ☐ Delete  
NAME HANLEY, THOMAS R.  
STREET ADDRESS 3018 EAGLES LANDING CIRCLE W  
CITY-ST-ZIP CLEARWATER, FL 337612833

TITLE ☒ Change ☐ Addition  
NAME 3114 Eagles Landing C. W.

TITLE PD ☒ Delete  
NAME WORKMAN, ROY A III  
STREET ADDRESS 58 N PINE CIRCLE  
CITY-ST-ZIP CLEARWATER, FL 337561040

TITLE PD ☐ Change ☒ Addition  
NAME Wilber Van Scoik  
STREET ADDRESS 950 College Hill Dr.  
CITY-ST-ZIP Clearwater, FL 33765

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: \_\_\_\_\_ DATE: 4/24/06 DAYTIME PHONE: 813-839-1677  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR