


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2005 8:00 am
Secretary of State

07-05-2005 90224 044 ****61.25

DOCUMENT # N46353 1. Entity Name KIWANIS CLUB OF BROOKSVILLE, INC.					
Principal Place of Business P.O. BOX 685 BROOKSVILLE, FL 34605-0685			Mailing Address P.O. BOX 685 BROOKSVILLE, FL 34605-0685		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-6152216	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent JOHNSTON, JE III 29 S BROOKSVILLE AVE BROOKSVILLE, FL 34601				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$81.25 Due by September 7, 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	P JOHNSTON, JOSEPH E III 29 S BROOKSVILLE AVE BROOKSVILLE, FL 34601	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSTON, Joseph E III 29 S BROOKSVILLE AVE BROOKSVILLE, FLA 34601	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE KIMBROUGH, JIMMY 11 N MAIN STREET BROOKSVILLE, FL 34601	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KIMBROUGH, Jimmy 11 N MAIN ST. BROOKSVILLE, FLA 34601	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OPPEDAL, DARREL 3358 AUGUSTINE RD SPRING HILL, FL 34609	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE OPPEDAL, DARREL 3358 AUGUSTINE RD SPRING HILL, FLA 34609	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HYSLOP, PEYTON 20 N MAIN STREET RM 340 BROOKSVILLE, FL 34601	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DRAPER, ROBERT 10195 THAYER STREET BROOKSVILLE, FL 34601	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEASLEY, KAREN 424 EDERINGTON DR BROOKSVILLE, FL 34601	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BEASLEY, KAREN 424 EDERINGTON DR BROOKSVILLE, FL 34601	<input checked="" 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: <u>Robert W Draper</u> ROBERT W. DRAPER				Date: <u>7-01-05</u> (352) 754-4190	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					