


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2006 8:00 am
Secretary of State

01-24-2006 90015 004 ****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
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40005447



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01122006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-6152216	Applied For <input type="checkbox"/> Not Applicable
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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	
JOHNSTON, JE III 29 S BROOKSVILLE AVE BROOKSVILLE, FL 34601		Name <u>Oppedal, Darrel D.</u> Street Address (P.O. Box Number is Not Acceptable) <u>3358 Augustine Rd</u> City <u>Spring Hill</u> FL Zip Code <u>34609</u>	

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 Darrel D. Oppedal Darrel Oppedal Pres. 1/14/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JOHNSTON, JOSEPH E III		NAME	Jimmy Kimbrough			
STREET ADDRESS	29 S BROOKSVILLE AVE		STREET ADDRESS	11 N Main St.			
CITY-ST-ZIP	BROOKSVILLE, FL 34601		CITY-ST-ZIP	Brooksville, FL 34601			
TITLE	P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KIMBROUGH, JIMMY		NAME	Oppedal, Darrel			
STREET ADDRESS	11 N MAIN STREET		STREET ADDRESS	3358 Augustine Rd.			
CITY-ST-ZIP	BROOKSVILLE, FL 34601		CITY-ST-ZIP	Spring Hill, FL 34609			
TITLE	PE	<input type="checkbox"/> Delete	TITLE	PE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	OPPEDAL, DARREL		NAME	Beasley, Karen			
STREET ADDRESS	3358 AUGUSTINE RD		STREET ADDRESS	424 Ederington Dr.			
CITY-ST-ZIP	SPRING HILL, FL 34609		CITY-ST-ZIP	Brooksville, FL 34601			
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	HYSLOP, PEYTON		NAME	Smith, Scott			
STREET ADDRESS	20 N MAIN STREET RM 340		STREET ADDRESS	P.O. Box 1473			
CITY-ST-ZIP	BROOKSVILLE, FL 34601		CITY-ST-ZIP	Brooksville, FL 34605-1473			
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	DRAPER, ROBERT		NAME	Geraldine Bishop			
STREET ADDRESS	10195 THAYER STREET		STREET ADDRESS	9918 Domingo Dr.			
CITY-ST-ZIP	BROOKSVILLE, FL 34601		CITY-ST-ZIP	Brooksville, FL 34601			
TITLE	V	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BEASLEY, KAREN		NAME	Dupre, Barbara			
STREET ADDRESS	424 EDERINGTON DR		STREET ADDRESS	6049 Nocklyn Rd.			
CITY-ST-ZIP	BROOKSVILLE, FL 34601		CITY-ST-ZIP	Spring Hill, FL 34609			

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: Darrel D. Oppedal Darrel Oppedal 1/14/06 (352) 683-7189
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #