


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90010 019 \*\*\*\*61.25

<b>DOCUMENT # N47845</b> 1. Entity Name KIWANIS CLUB OF INDIAN RIVER, VIERA, FLORIDA, INC.					
Principal Place of Business <del>1853 THESY DR</del> MELBOURNE, FL 32940 US			Mailing Address <del>1853 THESY DR</del> MELBOURNE, FL 32940 US		
2. Principal Place of Business Suite, Apt. #, etc. <b>1488 GOLDRUSH AVE</b> City & State <b>MELBOURNE, FL 32940</b> Zip <b>32940</b> Country <b>USA</b>			3. Mailing Address Suite, Apt. #, etc. <b>1488 GOLDRUSH AVE</b> City & State <b>MELBOURNE, FL</b> Zip <b>32940</b> Country <b>USA</b>		
4. FEI Number <b>65-0196261</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent <b>LANGGUTH, GEORGE S.</b> <b>THE FLORIDA DISTRICT OF KIWANIS INTL</b> <b>5545 BENCHMARK LANE</b> <b>SANFORD, FL 32773</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AYAD, SAAD 1630 WILMINGTON DR MELBOURNE, FL 32940	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARBER, GLORIA 1414 ARUNDEL WAY MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VP HARBER, GLORIA 1414 ARUNDEL WAY MELBOURNE, FL 32940		<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D FLETCHER, WILLIAM 1215 CONTINENTAL AVE. MELBOURNE, FL 32940		<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		S TOWNSEND, JAMES M. 1853 THESY DR MELBOURNE, FL		<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		T BRUBAKER, JOSEPH 1922 INDEPENDENCE AVE MELBOURNE, FL 32940		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D BALL, ROBERT 1707 INDEPENDENCE AVE. MELBOURNE, FL 32940		<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D DULANEY, JOHN 1022 JANIS RARE MELBOURNE, FL 32940		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		S MATHEWS, DOROTHY 1488 GOLDRUSH AVE MELBOURNE, FL 32940		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D LEWIS, ROSALEE 3875 ST. ARMENS CIRCLE MELBOURNE, FL 32940		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <u>Joseph D. Brubaker</u> <b>JOSEPH D. BRUBAKER</b> <b>2-10-06</b> <b>321-751-3805</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					