


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90005 036 \*\*\*\*61.25


**DOCUMENT # N48432**  
1. Entity Name  
**KIWANIS CLUB OF FLAGLER SUNRISE, INC.**



Principal Place of Business      Mailing Address  
**270 KENSINGTON WAY**      **270 KENSINGTON WAY**  
**WEST PALM BEACH FL 33414**      **WEST PALM BEACH FL 33414**

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
Zip      Country      Zip      Country



1st MOORE      CR2E037 (10/05)  
4. FEI Number      Applied For  
**65-0142945**      Not Applicable  
5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**EAGEN, STEVEN**  
**270 KENSINGTON WAY**  
**WEST PALM BEACH FL 33414**

**7. Name and Address of New Registered Agent**  
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 Steven P. Eagen      DATE 2/17/06  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW: 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**

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	LEPORE, THERESA	
STREET ADDRESS	PO BOX 3142	
CITY-ST-ZIP	WEST PALM BEACH FL 33402	
TITLE	T	<input type="checkbox"/> Delete
NAME	EAGON, STEVEN P	
STREET ADDRESS	270 KENSINGTON WAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33414	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	DYE, BRENDA	
STREET ADDRESS	4041 SAN MARINO BLVD #107	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Guy Rabideau	
STREET ADDRESS	827 AVON Road	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	EAGEN, STEVEN P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carol Wright	
STREET ADDRESS	722 Hampton Road	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Section 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: Steven P. Eagen      Steven P. Eagen Treasurer      2/17/06      561-355-2354