

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-24-2006 90014 008 ****61.25

| | | | | | |
|--|----------------------------------|---|--|---|--|
| DOCUMENT # N48449 1. Entity Name THE KIWANIS CLUB OF ST. PETERSBURG, INC. | | | | | |
| Principal Place of Business 5200 BRITTANY DR S #1103 ST PETERSBURG, FL 33715 | | | Mailing Address 5200 BRITTANY DR S #1103 ST PETERSBURG, FL 33715 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 02212006 Chg-NP CR2E037 (11/05) | |
| Zip | | Zip | | 4. FEI Number 59-0690574 | |
| Country | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MCKELVEY, T BRUCE 5200 BRITTANT DR S #1103 ST PETERSBURG, FL 33715 | | | | 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. | | | | FL Zip Code | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 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 | | | | | |
| TITLE | KARNAVICIUS, AL | <input type="checkbox"/> Delete | TITLE | PPD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 1101 1ST. AVE. SO. | | NAME | | |
| STREET ADDRESS | SAINT PETERSBURG, FL 33705 | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | PPD | <input checked="" type="checkbox"/> Delete | TITLE | PED MITCHELL COCHRAN | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | 922 39TH AVE NE | | NAME | 3900 1ST ST NO | |
| STREET ADDRESS | SAINT PETERSBURG, FL 33703 | | STREET ADDRESS | ST PETERSBURG FL 33703 | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | VD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ALLARD, WILLIAM | | NAME | | |
| STREET ADDRESS | 695 CENTRAL AVE STE 207 | | STREET ADDRESS | | |
| CITY-ST-ZIP | SAINT PETERSBURG, FL 33701 | | CITY-ST-ZIP | | |
| TITLE | PED | <input type="checkbox"/> Delete | TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SWANSON, CATHY | | NAME | | |
| STREET ADDRESS | 333 THIRD AVE NE | | STREET ADDRESS | | |
| CITY-ST-ZIP | SAINT PETERSBURG, FL 33701 | | CITY-ST-ZIP | | |
| TITLE | ST | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRUCE, MCKELVEY T | | NAME | | |
| STREET ADDRESS | 5200 BRITTANY DRIVE SOUTH, #1103 | | STREET ADDRESS | | |
| CITY-ST-ZIP | ST. PETERSBURG, FL | | CITY-ST-ZIP | | |
| TITLE | VPD | <input checked="" type="checkbox"/> Delete | TITLE | VPD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MURPHY, SR, LOUIS | | NAME | J.C. RUSSELL | |
| STREET ADDRESS | 955 20TH ST. SOUTH | | STREET ADDRESS | 2905 4TH ST NO | |
| CITY-ST-ZIP | SAINT PETERSBURG, FL 33712 | | CITY-ST-ZIP | ST PETERSBURG FL 33704 | |
| 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: <i>[Signature]</i> 2/21/06 (12) 867-6946 | | | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |