


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90362 028 \*\*\*\*61.25

**DOCUMENT # N93000005143**

1. Entity Name  
**KIWANIS CLUB OF STUART, FLORIDA, INC.**




Principal Place of Business  
**P.O. BOX 532  
 STUART, FL 34995**

Mailing Address  
**P.O. BOX 532  
 STUART, FL 34995**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country



03112000 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-6151478**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**HILL, VIRGINIA  
 585 SE CENTRAL PKWY  
 STUART, FL 34994**

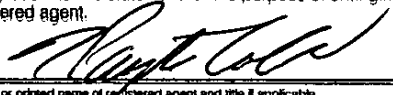
7. Name and Address of New Registered Agent

Name **PAYTON COLLINS**

Street Address (P.O. Box Number is Not Acceptable)  
**33 SW FLAGLER AVE**

City **STUART** FL Zip Code **34995**

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  DATE **3/13/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retesting.)

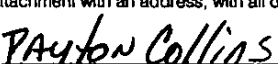

Filing Fee is **\$81.25 Due by May 1, 2006**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD HILL, VIRGINIA 585 SE CENTRAL PKWY STUART, FL 34994</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP DREW PITTMAN 802 SW 30ST #6 PALM CITY FL 34990</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD FARLEY, MICHAEL 2740 SW MARTIN DOWNS, BLVD # 252 PALM CITY, FL 34990</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD MARINO, LYN 3001 SW DENTON ST PORT-SAINT-LUCIE, FL 34953</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD COLLINS, THOMAS P 23 FLAGLER AVE STUART, FL 34995</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD COLLINS, PAYTON 33 SW FLAGLER AVE STUART FL 34995</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD BOLS, WERNER 1950 PALM CITY RD STUART, FL 34994</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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.

SIGNATURE:   DATE **3/13/06** DAYTIME PHONE # **772-201-0435**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR