
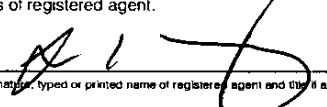
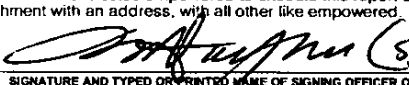


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90030 033 ****70.00

DOCUMENT # N93000005484 1. Entity Name KIWANIS PUBLIC SERVICE CORPORATION OF CRESTVIEW					
Principal Place of Business P.O. BX 128 CRESTVIEW, FL 32536 US			Mailing Address P.O. BX 128 CRESTVIEW, FL 32536 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01182006 Chg-NP CR2E037 (11/05)	
4. FEI Number 59-3210236				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LUNDY, JIMMY 1584 PEARL ST. CRESTVIEW, FL 32539			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 296 South Ford Dr Blvd City Crestview FL Zip Code 32536		
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 1/25/06 <small>Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when reinstating)</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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLER, ELIZABETH		NAME		
STREET ADDRESS	1239 JEFFERYSCOT DR		STREET ADDRESS		
CITY-ST-ZIP	CRESTVIEW, FL 32536		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PRATER, WILLIAM A		NAME	D GAIL KALTZ	
STREET ADDRESS	101 RIVERWOOD DR		STREET ADDRESS	5387 MT. OLIVE RD	
CITY-ST-ZIP	CRESTVIEW, FL 32536		CITY-ST-ZIP	CRESTVIEW, FL 32539	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROY, MIKE		NAME	D CHRIS BAGGETT	
STREET ADDRESS	5 FORREST GROVE PL		STREET ADDRESS	P.O. BOX 512	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548		CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32835	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAYNES, MALCOLM N SR		NAME		
STREET ADDRESS	298 S WILSON ST		STREET ADDRESS		
CITY-ST-ZIP	CRESTVIEW, FL 32536		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LUNDY, J		NAME		
STREET ADDRESS	1584 S. PEARL		STREET ADDRESS		
CITY-ST-ZIP	CRESTVIEW, FL		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 1/29/06 DAYTIME PHONE 886826043 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					