


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # N94000000685	
1. Entity Name KIWANIS CLUB OF SUN CITY CENTER, FL. FOUNDATION, INC.	

Principal Place of Business PO BOX 5753 SUN CITY CENTER, FL 33573 US	Mailing Address 404 LA JOLLA AVE SUN CITY CENTER, FL 33573 US
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04112006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3243124	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HALM, SALA L 404 LA JOLLA AVE SUN CITY CENTER, FL 33573
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**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BAILERGEON, SIMONE M 912 LA JOLLA AVE SUN CITY CENTER, FL 33573
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S NEAVES, KATHERINE E 11823 DUNSTER LN PARRISH, FL 34219
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CONWAY, DAVID W 678 ALLEGHENY DR SUN CITY CENTER, FL 33573
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT BARONE, MARGARET PO BOX 1498 TAMPA, FL 33601
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FIESINGER, WILLIAM F 206 AUSTIN HILL CT SUN CITY CENTER, FL 33573
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SPAIN, WALT 705 CHURCHILL PL SUN CITY CENTER, FL 33573

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04/28/06-80010-005 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Margaret Barone Margaret Barone, Foundation Treasurer
04/11/2006 813-224-2618
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #