

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 08, 2006
Secretary of State

DOCUMENT# N94000000685

Entity Name: KIWANIS CLUB OF SUN CITY CENTER, FL. FOUNDATION, INC.**Current Principal Place of Business:**PO BOX 5753
SUN CITY CENTER, FL 33573 US**New Principal Place of Business:****Current Mailing Address:**404 LA JOLLA AVE
SUN CITY CENTER, FL 33573 US**New Mailing Address:****FEI Number:** 59-3243124**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HALM, SALA L
404 LA JOLLA AVE
SUN CITY CENTER, FL 33573 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: BAILERGEON, SIMONE M
Address: 912 LA JOLLA AVE
City-St-Zip: SUN CITY CENTER, FL 33573

Title: S () Delete
Name: NEAVES, KATHERINE E
Address: 11823 DUNSTER LN
City-St-Zip: PARRISH, FL 34219

Title: D () Delete
Name: CONWAY, DAVID W
Address: 678 ALLEGHENY DR
City-St-Zip: SUN CITY CENTER, FL 33573

Title: DT () Delete
Name: BARONE, MARGARET
Address: PO BOX 1498
City-St-Zip: TAMPA, FL 33601

Title: D () Delete
Name: FIESINGER, WILLIAM F
Address: 206 AUSTIN HILL CT
City-St-Zip: SUN CITY CENTER, FL 33573

Title: D () Delete
Name: SPAIN, WALT
Address: 705 CHURCHILL PL
City-St-Zip: SUN CITY CENTER, FL 33573

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: BAILERGEON, SIMONE M
Address: 912 LA JOLLA AVE
City-St-Zip: SUN CITY CENTER, FL 33573

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SALA L HALM

V-PR

05/08/2006

Electronic Signature of Signing Officer or Director

Date