


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90004 040 ****61.25

DOCUMENT # N94000002655

1. Entity Name
KIWANIS CLUB OF MADISON, INC.



Principal Place of Business
**PO BOX 8
 MADISON, FL 32341 US**

Mailing Address
**PO BOX 8
 MADISON, FL 32341 US**


00014000

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

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

City & State

Zip Country



02072006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-1786436

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**WILLIS, GEORGE — D
 PINE RIDGE RANCH
 MADISON, FL 32340**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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

**Filing Fee is \$61.25
 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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WILLIS, JO	
STREET ADDRESS	P.O. BOX 119	
CITY-ST-ZIP	MADISON, FL 32340	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SANDERS, MARY ANN	
STREET ADDRESS	300 S.W. MEETING STREET	
CITY-ST-ZIP	MADISON, FL 32340	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CANTEY, PAT	
STREET ADDRESS	214 W BASE ST	
CITY-ST-ZIP	MADISON, FL 32340	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELLIS, ROY	
STREET ADDRESS	6156 S.E. FARM RD	
CITY-ST-ZIP	LEE, FL 32059	
TITLE	S	<input type="checkbox"/> Delete
NAME	DAY, EDITH H	
STREET ADDRESS	RT 5 BOX 70	
CITY-ST-ZIP	MADISON, FL 32340	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SAPP, ANN	
STREET ADDRESS	RT 1 BOX 930	
CITY-ST-ZIP	MADISON, FL 32340	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cantey, Pat	
STREET ADDRESS	214 W. Base St.	
CITY-ST-ZIP	MADISON, FL 32340	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES HOLBEN	
STREET ADDRESS	963 E. HOMA HIGHWAY 90	
CITY-ST-ZIP	MADISON, FL 32340	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOYCE BETHA	
STREET ADDRESS	160 SE CARRIAGE Way	
CITY-ST-ZIP	Lee, FL 32059	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDITH H. DAY	
STREET ADDRESS	636 NE YELLOW PINE Ave street change	
CITY-ST-ZIP	MADISON, FL 32340	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCILE DAY	
STREET ADDRESS	P.O. Box 55	
CITY-ST-ZIP	Greenville, FL 32331	

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: Edith H. Day 2/9/06 850-993-2062

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

EDITH H. DAY, S