

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000454

FILED  
Feb 20, 2006  
Secretary of State

**Entity Name:** KIWANIS CLUB OF EAU GALLIE - SUNTREE, INC.

**Current Principal Place of Business:**

1163 RIVERFRONT DR.  
MELBOURNE, FL 32935

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 540236  
MERRITT ISLAND, FL 32954

**New Mailing Address:**

**FEI Number:** 59-3425219

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BRISSON, JOAN M  
943 SHAW CIRCLE  
MELBOURNE, FL 32940 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: PD ( ) Delete  
Name: HINDSLEY, MARTIN  
Address: 1595 HIGHWAY A1A  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: VD ( ) Delete  
Name: JONES, R.L.  
Address: 2495 RICKY RD  
City-St-Zip: MELBOURNE, FL 32904

Title: VD ( ) Delete  
Name: APFELD, BELINDA  
Address: 450 LAKE VICTORIA CIR  
City-St-Zip: MELBOURNE, FL 32940

Title: TD ( ) Delete  
Name: BRISSON, JOAN M  
Address: PO BOX 540236  
City-St-Zip: MERRITT ISLAND, FL 32954

Title: SD (X) Delete  
Name: CHAPMAN, HARRY  
Address: 401 TORTOISE VIEW CIRCLE  
City-St-Zip: SATELLITE BEACH, FL 32937

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: BRISSON, ROBERT F III  
Address: PO BOX 540236  
City-St-Zip: MERRITT ISLAND, FL 32954

Title: VD (X) Change ( ) Addition  
Name: CHAPMAN, HARRY  
Address: 401 TORTOISE VIEW CIRCLE  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: SD (X) Change ( ) Addition  
Name: NALL, WILLIAM  
Address: 3556 REIGN STREET  
City-St-Zip: MELBOURNE, FL 32934

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: JOAN M. BRISSON

TD

02/20/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date