

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90211 004 ****61.25

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DOCUMENT # N95000000722 1. Entity Name KIWANIS CLUB OF SAINT ANDREW, PANAMA CITY, FLORIDA, INC.					
Principal Place of Business 2336 INDUSTRIAL DRIVE PANAMA CITY, FL 32405			Mailing Address 2336 INDUSTRIAL DRIVE PANAMA CITY, FL 32405		
2. Principal Place of Business 1535 E. Hwy 390		3. Mailing Address 1535 E. Hwy 390			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Lynn Haven FL		City & State Lynn Haven FL		4. FEI Number 59-6168935	
Zip 32444		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PATE, DANNY 2336 INDUSTRIAL DRIVE PANAMA CITY, FL 32405			7. Name and Address of New Registered Agent Name SANDRA A. KALATA Street Address (P.O. Box Number is Not Acceptable) 4535 E. Hwy 390 City Lynn Haven FL Zip Code 32444		
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 <u><i>Sandra A. Kalata</i></u> SANDRA A. KALATA 4-20-06 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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 NAME STREET ADDRESS CITY-ST-ZIP	P FOREMAN, RICHARD 4316 NORTHSORE ROAD LYNN HAVEN, FL 32444	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EATON, DIANNE 3603 W 16TH STREET PANAMA CITY, FL 32401	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TOLSON, DEREK 3418 COUNTRY CLUB CT. LYNN HAVEN, FL 32444	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KALATA, SANDY 1535 E HWY 390 LYNN HAVEN, FL 32444	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZIMPFER, KATIE 608 WINDY LANE PANAMA CITY, FL 32405	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMER, JOHN PO BOX 15095 PANAMA CITY, FL 32406	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	J JUDITH D. HARRIS 4316 North Shore Road LYNN HAVEN, FL 32444	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sarah J. Hodges 1201 Bob Little Road Panama City FL 32404	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u><i>Sandra A. Kalata</i></u> SANDRA A. KALATA 4-27-06 850-265-2600 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					