

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-13-2006 90301 018 ****61.25

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1. Entity Name

KIWANIS CLUB OF FORT PIERCE, INC.



Principal Place of Business

P.O. BOX 957
FT. PIERCE FL 34954

Mailing Address

P.O. BOX 957
FT. PIERCE FL 34954



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6151475

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

WILLIFORD, MITCHELL
5413 DEER RUN DRIVE
FORT PIERCE FL 34951

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

FILE NOW: 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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DIPALMA, STEVE
2728 SERENITY CIRCLE S
FORT PIERCE FL 34981

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
ABRAMOWICZ, BILL
206 SOUTH 6TH
FORT PIERCE FL 34950

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PERONA, TOM
P.O. BOX 12189
FT. PIERCE FL 34979

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
S
BAKER, ROBERT H
4034 GATOR TRACE RD
FORT PIERCE FL 34982

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
CLARK, SHANNON
2305 OLEANDER AVE # 1
FORT PIERCE FL 34982

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WIRTHMAN, JOE
861 SE SOLAZ
PORT SAINT LUCIE FL 34983

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
MCGRANE, JERRY
2296 NORTH U.S. #1
FORT PIERCE, FL 34946

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
GAINES, J.W.
111 ORANGE AVE SUITE 300
FORT PIERCE FL 34950

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Mitchell L Williford, Director/T

6 APR 06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #