## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # 701848

THE KIWANIS CLUB OF MONTICELLO, INC.

Principal Place of Business P.O. BOX 357

Mailing Address

MONTICELLO FL 32344

P.O. BOX 357 MONTICELLO FL 32344

## **FILED** Mar 04, 1999 8:00 am § Secretary of State

03-04-1999 90115 036 \*\*\*\*61.25

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Principal Place of Business 2a. Mailing Address					Date Incorporated or Qualifed			
<b>─</b> , '	lace of business	26			12/28/1960			
Suite, Apt.	# etc	Suite, Apt. #, etc.			4. FEI Number	Apr	lied For	
22	n, 0.0.	27			<b>59-6153451</b>	Not	Applicable	
City & Stat	e	City & State			5. Certificate of Status Desired	\$8.75 A	dditional	
23		28			5. Certifcate of Status Desired	Fee Rec	quired	
Zip	Country	Zip	Country		6. Election Campaign Financing	\$5.00	May Be	
24	25	29 3	0		Trust Fund Contribution	Added to	Fees	
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registere	d Agent		
			81	Name				
SNELGROVE, MARY E				Street A	Street Address (P.O. Box Number is Not Acceptable)			
1015 S MULBERRY ST								
MONTICELLO FL 32344			83					
			84	City		. 85 Zip C	ode	
				,	F	L   _   _ `		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered								
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was auditions of, Section 617.0503, Florid	la Statutes	ale corpo i.	station's board of directors. Thereby accept the app	billation as reg	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
SIGNATURE	_							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered				nt signature re	equired when reinstating) DATE	NID DIDEOTO	5C IN 42	
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		Addition	
TITLE	D	☑ DELETÉ	1.1 TITLE		President	☐ Change	X) vagagon	
NAME	HALSEY, LAWARENCE		1.2 NAME		David Ward		1	
STREET ADDRESS	WEST LAKE ROAD		1.3 STREE	TADDRESS	Rocky Branch Road		,	
CITY-ST-ZIP	MONTICELLO FL			T-ZIP	Monticello, Fl 32344	Change	Addition	
TITLE	·		2.1 TITLE		Director	E Change		
NAME	THOMAS, ALBERT		2.2 NAME				1	
STREET ADDRESS	RT. 4			TADDRESS				
CITY-ST-ZIP	MONTICELLO FL		2.4 CITY-	ST-ZIP		Change	Addition	
TITLE	S	☐ DELETE	3.1 TITLE			Clange		
NAME	BARKER, PHIL		3.2 NAME	ļ				
STREET ADDRESS	l			TADDRESS				
CITY-ST-ZIP	MONTICELLO FL	☐ DELETE	3.4. CITY-	ST-ZIP		Change	Addition	
TITLE	I AMELODONE MADY E	☐ DELEIE	4.1 TITLE	1		C Shalles	٠.٠٠٠٠١	
NAME	SNELGROVE, MARY E		4. 2 NAME	1				
STREET ADDRESS	1015 S MULBERRY ST			TADORESS				
CITY-ST-ZIP	MONTICELLO FL	TR DELETE	4.4 CITY-5	T-ZIP	Director	☐ Change	Addition	
TITLE	D DAVIC	☑ DELETE	5.1 TITLE 5.2 NAME		Director Tom Braswell, Jr.	□ 4.151.180	٠.٠٠٠٠٠	
NAME	REVELL, DAVIS			T ADDRESS	1580 Live Oak Road			
STREET ADDRESS	ROUTE 4 BOX 4072		5.4 CITY-S	3	Monticello, F1 32344			
CITY-ST-ZIP	MONTICELLO FL	▼ DELETE	6.1 TITLE	71.74IF	Director	Change	Addition	
TITLE	DEMOTT HEDDERT	IN DETELE	6.2 NAME		Bob Williamson			
NAME	DEMOTT, HERBERT			T ADORESS	Rocky Branch Road			
1	RT. 1, BOX 197-A				Monticello, Fl 32344			
CITY-ST-ZIP	MONTICELLO FL		6.4 CITY-	31-ZIP :	MODILICELIO, FI 32344			

6.4 CITY-ST-ZIP MONTICELLO FL CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual sport 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 fustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

StauRMary Snelgrove

2/13/99

850-997-2561