

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 702889 (7)

1. Corporation Name

KIWANIS CLUB OF CAPITAL CITY, TALLAHASSEE, INC.

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR - 5 PM 3: 10

Principal Place of Business

**1300 TIMBERLANE ROAD
TALLAHASSEE FL 32312**

Mailing Address

**1300 TIMBERLANE ROAD
TALLAHASSEE FL 32312**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/14/1961

3a. Date of Last Report

08/24/1994

4. FEI Number

59-6168949

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**ANDERSON, EVERETT
TIMBERLANE COMMONS
1300 TIMBERLANE ROAD
TALLAHASSEE FL 32312**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PD
ROGERS, WILLIAM G
10044 BUCK POINT ROAD
TALLAHASSEE FL 32308**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VD
POTTORFF, DALE
1829 RAA AVENUE
TALLAHASSEE FL 32312**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**ST
WILLIAMS, FRED
793 LITCHFIELD ROAD
TALLAHASSEE FL 32312**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
ANDERSON, EVERETT P
1300 TIMBERLANE ROAD
TALLAHASSEE FL 32312**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
KONRAD, KATHRYN M
4211 BUTTERCUP WAY
TALLAHASSEE FL 32311**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
SPALDING, LARRY H
6800 SWAIN TRACE
TALLAHASSEE FL 32311**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Fred H. Williams

FRED H. WILLIAMS

8/31/95 (912) 226-1621

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE