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**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90196 045 \*\*\*\*61.25

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NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 702889**

1. Corporation Name

**KIWANIS CLUB OF CAPITAL CITY, TALLAHASSEE, INC.**

Principal Place of Business

1300 TIMBERLANE ROAD  
 TALLAHASSEE FL 32312

Mailing Address

1300 TIMBERLANE ROAD  
 TALLAHASSEE FL 32312



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

09/14/1961

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

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 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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**  DELETE  
 NAME **SLAGER, BRUCE**  
 STREET ADDRESS **3017 HAWKS LANDING DR**  
 CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **D**  DELETE  
 NAME **HENDERSON, BOB**  
 STREET ADDRESS **2309 W MISSION RD APT A**  
 CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **ST**  DELETE  
 NAME **WILLIAMS, FRED**  
 STREET ADDRESS **793 LITCHFIELD ROAD**  
 CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **P**  DELETE  
 NAME **DUGGAR, THOMAS**  
 STREET ADDRESS **711 E SIXTH AVE**  
 CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **D**  DELETE  
 NAME **KONRAD, KATHRYN M**  
 STREET ADDRESS **4211 BUTTERCUP WAY**  
 CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE **P**  DELETE  
 NAME **WELLS, DONNA**  
 STREET ADDRESS **1904-14 MICCOSUKEE RD**  
 CITY-ST-ZIP **TALLAHASSEE FL**

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

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
 3.2 NAME **ST HENDERSON, ROBERT K**  
 3.3 STREET ADDRESS **2309 W. MISSION RD #A**  
 3.4 CITY-ST-ZIP **TALLAHASSEE, FL 32304-2662**

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 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 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, with all other like empowered.

SIGNATURE:

*ROBERT K. HENDERSON*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/99 575-6610

CR2E037 (11/98)