


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 01, 2004 8:00 am**  
**Secretary of State**

04-01-2004 90016 002 \*\*\*\*61.25

|   |   |   |  |   |  |
|---|---|---|--|---|--|
| <b>DOCUMENT # 702889</b><br>1. Entity Name<br>KIWANIS CLUB OF CAPITAL CITY, TALLAHASSEE, INC.   |   |   |  |  |  |
| Principal Place of Business<br>1300 TIMBERLANE ROAD<br>TALLAHASSEE, FL 32312  |   |   | Mailing Address<br>1300 TIMBERLANE ROAD<br>TALLAHASSEE, FL 32312   |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |   |   | 3. Mailing Address<br>Suite, Apt. #, etc.  |   |  |
| City & State  |   |   | City & State   |   |  |
| Zip   |   | Country   |  | 4. FEI Number<br>59-6168949   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   | Applied For<br>Not Applicable   |  |   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required  |   |   |  |   |  |
| 6. Name and Address of Current Registered Agent<br><br>ANDERSON, EVERETT<br>TIMBERLANE COMMONS<br>1300 TIMBERLANE ROAD<br>TALLAHASSEE, FL 32312   |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |   |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |   |   |  |   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2004</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be<br/>Added to Fees</b>  |  |
| <b>Make check payable to<br/>Florida Department of State</b>  |   |   |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | V<br>BURRIS, PAUL<br>2391 LANCELOT DRIVE<br>TALLAHASSEE, FL 32308         | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>WILLIAMS, FRED<br>793 LITCHFIELD ROAD<br>TALLAHASSEE, FL 32312       | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | ST<br>HENDERSON, ROBERT K<br>2309 W MISSION RD A<br>TALLAHASSEE, FL 32304 | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | V<br>WALLER, MARCIA<br>1921 HARRIET DRIVE<br>TALLAHASSEE, FL 32303        | <input checked="" type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>SPALDING, LARRY<br>2256 COBB DRIVE<br>TALLAHASSEE, FL 32312          | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br>WELLS, DONNA<br>1904-14 MICCOSUKEE RD<br>TALLAHASSEE, FL             | <input checked="" type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12. 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 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. |   |   |  |   |  |
| <b>SIGNATURE:</b> <u>Robert K. Henderson</u> <span style="float: right;">4-1-04 850-575-6610</span>   |   |   |  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">Date Daytime Phone #</span>  |   |   |  |   |  |