## 2003 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT# 702889**

FILED Feb 07, 2003 Secretary of State

Entity Name: KIWANIS CLUB OF CAPITAL CITY, TALLAHASSEE, INC.

Current Principal Place of Business:			New Pri	New Principal Place of Business:		
	ERLANE ROA SSEE, FL 323					
Current Mailing Address:			New Mai	New Mailing Address:		
	ERLANE ROASSEE, FL 323					
FEI Number:	59-6168949	FEI Number Applied For (	) FEI Number Not Ap	plicable ( )	Certificate of Status Desired (	)
Name and	Address of	Current Registered Ager	nt: Name ar	d Address o	of New Registered Agent:	
TIMBERLA 1300 TIMB TALLAHAS	ON, EVERETT ANE COMMOI ERLANE RO SSEE, FL 323	NS AD 12 US				
	named entity e of Florida.	submits this statement for	the purpose of changing	g its registere	d office or registered agent, or l	oth,
SIGNATUF						
	Electro	nic Signature of Registere	d Agent		Date	
OFFICERS	S AND DIREC	TORS:	ADDITIO	NS/CHANG	ES TO OFFICERS AND DIREC	CTORS:
√ame: √ddress:	WYLIE, JIM 5359 PEMBRI	) Delete DGE PL E, FL 323086803	Title: Name: Address: City-St-Zip		(X) Change () Addition AUL ELOT DRIVE SEE, FL 32308	
Name: Address: City-St-Zip: Fitle: Name: Address:	WYLIE, JIM 5359 PEMBRI TALLAHASSEI	DGE PL E, FL 323086803 ) Delete ED LD ROAD	Name: Address:	BURRIS, PA 2391 LANCI TALLAHASS	AUL ELOT DRIVE	
Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	WYLIE, JIM 5359 PEMBRI TALLAHASSEI D ( WILLIAMS, FR 793 LITCHFIE TALLAHASSEI	DGE PL E, FL 323086803 ) Delete ED LD ROAD E, FL 32312 ) Delete ROBERT K ON RD A	Name: Address: City-St-Zip Title: Name: Address:	BURRIS, PA 2391 LANCI TALLAHASS	AUL ELOT DRIVE SEE, FL 32308	
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Name: Address: City-St-Zip: City-St-Zip:	WYLIE, JIM 5359 PEMBRI TALLAHASSEI  D ( WILLIAMS, FF 793 LITCHFIE TALLAHASSEI  ST ( HENDERSON, 2309 W MISSI TALLAHASSEI	DGE PL E, FL 323086803  ) Delete ED LD ROAD E, FL 32312  ) Delete ROBERT K ON RD A E, FL 32304  ) Delete RCIA	Name: Address: City-St-Zip Title: Name: Address: City-St-Zip Title: Name: Address:	BURRIS, PA 2391 LANCI TALLAHASS	AUL ELOT DRIVE SEE, FL 32308 ( ) Change ( ) Addition	
Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: Address: Address:	WYLIE, JIM 5359 PEMBRI TALLAHASSEI  D ( WILLIAMS, FR 793 LITCHFIE TALLAHASSEI  ST ( HENDERSON, 2309 W MISSI TALLAHASSEI  V ( WALLER, MAR 1921 HARRIET TALLAHASSEI  D ( MORGAN, THO	DGE PL E, FL 323086803  ) Delete ED LD ROAD E, FL 32312  ) Delete ROBERT K ON RD A E, FL 32304  ) Delete RCIA T DRIVE E, FL 32303  ) Delete DMAS III K COURT EAST	Name: Address: City-St-Zip  Title: Name: Address: City-St-Zip  Title: Name: Address: City-St-Zip  Title: Name: Address: Address: Address: Address: Address:	BURRIS, PA 2391 LANCI TALLAHASS  D SPALDING, 2256 COBB	AUL ELOT DRIVE SEE, FL 32308  ( ) Change ( ) Addition  ( ) Change ( ) Addition  ( ) Change ( ) Addition  (X) Change ( ) Addition  LARRY	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT K. HENDERSON ST 02/07/2003

TIM ATKINSON, DIRECTOR 326 MEADOW RIDGE DRIVE TALLAHASSEE, FL 32312

DAVID DRIGGERS, DIRECTOR 184 HUNTER RIDGE ROAD MONTICELLO, FL 32344

EV ANDERSON, DIRECTOR 700 DUPARC CIRCLE TALLAHASSEE, FL 32312