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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 709246

1. Corporation Name

KIWANIS CLUB OF ROCKLEDGE, INC.

Principal Place of Business

C/O ROBERT HILTON
P.O. BOX 560427
ROCKLEDGE FL 32956-0427
US

Mailing Address

P.O. BOX 560427
ROCKLEDGE FL 32956-0427
US



2. Principal Place of Business

21 C/O HARRY MUNCH.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 5300 CURTIS BLVD

27 City & State

23 COCOA FL

28 City & State

24 32927 25 USA

29 30 Country

3. Date Incorporated or Qualified

07/01/1965

4. FEI Number

59-6168944

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

HARTSELLE, T.C
930 BLUEGRASS LANE
ROCKLEDGE FL 32955

10. Name and Address of New Registered Agent

81 Name

HARRY MUNCH.

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

5300 CURTIS BLVD.

83

84 City

COCOA

FL

85 Zip Code

32955

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME HILTON, ROBERT
STREET ADDRESS 1018 CORONADO DR
CITY-ST-ZIP ROCKLEDGE FL 32955 ☒ DELETE

TITLE VD
NAME MUNCH, HARRY
STREET ADDRESS 5300 CURTIS BLVD.
CITY-ST-ZIP COCOA FL ☒ DELETE

TITLE S
NAME BEECROFT, DAVID
STREET ADDRESS 1003 WOODLAWN RD
CITY-ST-ZIP ROCKLEDGE FL 32955 ☒ DELETE

TITLE D
NAME TURNER, GERALD
STREET ADDRESS 801 WHITE PINE AVE.
CITY-ST-ZIP ROCKLEDGE FL ☐ DELETE

TITLE T
NAME AUDE, PETE
STREET ADDRESS 649 ROCKLEDGE DR.
CITY-ST-ZIP ROCKLEDGE FL ☐ DELETE

TITLE D
NAME ROLL, LEE
STREET ADDRESS 1400 HOY LAKE COURT
CITY-ST-ZIP ROCKLEDGE FL ☒ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

P. HARRY MUNCH ☒ Change ☐ Addition
5300 CURTIS BLVD
COCOA FL 32927

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

VD JIM GRANT ☒ Change ☐ Addition
4114 STOCK AVE
ROCKLEDGE FL 32955

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

SD. T.C. HARTSELLE ☐ Change ☐ Addition
930 BLUEGRASS LANE
ROCKLEDGE FL 32955

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

D. HAROLD STEVENS ☒ Change ☐ Addition
936 LEXINGTON RD.
ROCKLEDGE FL 32955

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 in an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/18/99

CR2E037 (1/1/98)