

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 709246

1. Entity Name

KIWANIS CLUB OF ROCKLEDGE, INC.

FILED
Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90076 004 ****61.25

Principal Place of Business

Mailing Address

C/O HARRY MUNCH
 5300 CURTIS BLVD
 COCOA FL 32956-0427
 US

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

2. Principal Place of Business

3. Mailing Address

P.O. Box 560427

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
 ROCKLEDGE, FL.

4. FEI Number

59-6168944

Applied For

Not Applicable

Zip

Country

Zip

Country

32955

BREVARD

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MUNCH, HARRY
 5300 CURTIS BLVD
 COCOA FL 32955

Name AUDE, PETER F.

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

649 ROCKLEDGE DR.

City ROCKLEDGE, FL.

FL

Zip Code

32955

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.

SIGNATURE

Peter F. Aude

8-17-2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P Delete
 NAME MUNCH, HARRY
 STREET ADDRESS 5300 CURTIS BLVD
 CITY-ST-ZIP COCOA FL 32927

TITLE P Change Addition
 NAME AUDE, PETER F.
 STREET ADDRESS 649 ROCKLEDGE DR.
 CITY-ST-ZIP ROCKLEDGE, FL. 32955

TITLE VD Delete
 NAME GRANT, JIM
 STREET ADDRESS 4114 STOCK AVE
 CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE VP Change Addition
 NAME WALTON, ERNIE
 STREET ADDRESS 29 HARDEE GALLE SOUTH.
 CITY-ST-ZIP ROCKLEDGE-FL 32955

TITLE SD Delete
 NAME HARTSELLE, T C
 STREET ADDRESS 930 BLUEGRASS LANE
 CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE ~~VP~~ Change Addition
 NAME TRUMP, FRANK
 STREET ADDRESS 1405 HARBOR DR.
 CITY-ST-ZIP MERRITT ISLAND, FL. 32952

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

TITLE Change Addition

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

TITLE ~~VP~~ Change Addition
 NAME HOUSER, LYLE
 STREET ADDRESS 4285 WOODHALL CIR
 CITY-ST-ZIP VIENNA, FL. 32955

TITLE D Delete
 NAME STEVENS, HAROLD
 STREET ADDRESS 936 LEXINGTON RD
 CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE Change 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.

SIGNATURE:

Peter F. Aude **SIGNATURE REQUIRED**

8-17-2000

321 6333136

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)