

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 29, 2001 08:00 AM**
Secretary of State**DOCUMENT # 709246****1. Entity Name**
KIWANIS CLUB OF ROCKLEDGE, INC.**Principal Place of Business**
C/O HARRY MUNCH
5300 CURTIS BLVD
COCOA FL 329560427
US**Mailing Address**
P.O. BOX 560427
ROCKLEDGE FL 329560427
US**2. Principal Place of Business**
C/O MRS. EDIE WALTON**3. Mailing Address**Suite, Apt. #, etc.
29 HARDEE CIRCLE SOUTH

Suite, Apt. #, etc.

City & State
ROCKLEDGE FL**City & State****Zip**
32955
Country
US**Zip**
Country**4. FEI Number**
59-6168944
Applied For
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentAUDE PETER
649 ROCKLEDGE DR
ROCKLEDGE FL 32955**7. Name and Address of New Registered Agent****Name**
Street Address (P.O. Box Number is Not Acceptable)
City **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.****SIGNATURE** **04/29/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE**FILE NOW:**
FEE IS \$61.25**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**Make Check Payable to**
Department of State**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	STEVENS HAROLD	936 LEXINGTON RD	ROCKLEDGE FL 32955	<input type="checkbox"/>
T	AUDE PETE	649 ROCKLEDGE DR.	ROCKLEDGE FL	<input type="checkbox"/>
D	TURNER GERALD	801 WHITE PINE AVE.	ROCKLEDGE FL	<input type="checkbox"/>
SD	HARTSELLE T C	930 BLUEGRASS LANE	ROCKLEDGE FL 32955	<input type="checkbox"/>
VD	GRANT JIM	4114 STOCK AVE	ROCKLEDGE FL 32955	<input type="checkbox"/>
P	MUNCH HARRY	5300 CURTIS BLVD	COCOA FL 32927	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P	AUDE PETE	649 ROCKLEDGE DR.	ROCKLEDGE FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	HARTSELLE TED JMR.	980 MIRACLE WAY	ROCKLEDGE FL 32955	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	GRANT JIM MR.	4114 STOCK AVE	ROCKLEDGE FL 32955	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V/S	WALTON EDIE MRS.	29 HARDEE COURT SOUTH	ROCKLEDGE FL 32955	<input checked="" type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** **Ted J. Hartselle** **D** **04/29/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)

**D DR. JOHN FREDRICKSON
8716 CROTON COURT**

CAPE CANAVERAL FL 32955

**D TAD ALLEN
988 DEMARET DRIVE**

ROCKLEDGE, FL 32955

**T BOB HILTON
1018 CORONADO ROAD**

ROCKLEDGE, FL 32955