

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90002 047 ****61.25

DOCUMENT # 709246

1. Entity Name

KIWANIS CLUB OF ROCKLEDGE, INC.

Principal Place of Business

Mailing Address

**C/O MRS. EDIE WALTON
 29 HARDEE CIRCLE SOUTH
 ROCKLEDGE FL 32955
 US**

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6168944

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**AUDE, PETER
 649 ROCKLEDGE DR
 ROCKLEDGE FL 32955**

7. Name and Address of New Registered Agent

Name
EDITH M WALTON
 Street Address (P.O. Box Number is Not Acceptable)
29 HARDEE CIRCLE 50
 City
ROCKLEDGE 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

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

(NOTE: Registered Agent signature required when reinstating)

April 25 2002
 DATE

FILE NOW: FEE IS \$61.25

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	VS	<input type="checkbox"/> Delete
NAME	WALTON, EDIE MRS.	
STREET ADDRESS	29 HARDEE COURT SOUTH	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRANT, JIM MR.	
STREET ADDRESS	4114 STOCK AVE	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARTSELLE, TED J MR.	
STREET ADDRESS	980 MIRACLE WAY	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	D	<input type="checkbox"/> Delete
NAME	TURNER, GERALD	
STREET ADDRESS	801 WHITE PINE AVE.	
CITY-ST-ZIP	ROCKLEDGE FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	AUDE, PETE	
STREET ADDRESS	649 ROCKLEDGE DR.	
CITY-ST-ZIP	ROCKLEDGE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEVENS, HAROLD	
STREET ADDRESS	936 LEXINGTON RD	
CITY-ST-ZIP	ROCKLEDGE FL 32955	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANK KRUPA	
STREET ADDRESS	1405 HARBOR DRIVE	
CITY-ST-ZIP	MERDETT ISLAND FL 32952	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRY MUNCH	
STREET ADDRESS	5300 CURTIS BLVD	
CITY-ST-ZIP	PALM BEACH FL 32927	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02 *321 631 7753*
 Date Daytime Phone #

CR2E037 (9/01)