


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2004 8:00 am
Secretary of State

05-12-2004 90205 010 ****61.25

DOCUMENT # 709246		
1. Entity Name KIWANIS CLUB OF ROCKLEDGE, INC.		

Principal Place of Business C/O HARRY MUNCH 5300 CURTIS BLVD COCOA, FL 32927 US	Mailing Address PO BOX 560427 ROCKLEDGE, FL 32959-0427 US
--	---

24074757



2. Principal Place of Business C/O GERALD TURNER Suite, Apt. #, etc. 801 WHITE PINE	3. Mailing Address P O BOX 560427 Suite, Apt. #, etc.
--	---

04132004 Chg-NP CR2E037 (10/03)

City & State ROCKLEDGE FL	City & State ROCKLEDGE FL	4. FEI Number 59-6168944	Applied For Not Applicable
Zip 32955	Country US	Zip 32956-0427	Country US

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MUNCH, HARRY 5300 CURTIS BLVD ROCKLEDGE, FL 32955		7. Name and Address of New Registered Agent Name C/O GERALD TURNER Street Address (P.O. Box Number is Not Acceptable) 801 WHITE PINE 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Gerald Turner DATE 4-3-04
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
---	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MUNCH, HARRY 5300 CURTIS BLVD COCOA, FL 32927 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRESIDENT ROSS BROWN 1010 BLUEGRASS LANE ROCKLEDGE FL 32955 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROLL, LEE 1400 HOYLAKE CT ROCKLEDGE, FL 32955 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PHILLIPS, GEORGIA 856 WESTPORT DR ROCKLEDGE, FL 32955 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY JEDIE WALTON 30 HARBOUR CIRCLE ROCKLEDGE FL 32955 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TURNER, GERALD 801 WHITE PINE AVE. ROCKLEDGE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUNCH, HARRY 5300 CURTIS BLVD COCOA, FL 32927 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEVENS, HAROLD 936 LEXINGTON RD ROCKLEDGE, FL 32955 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: PRESIDENT DATE 4-3-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



Attachment
240X1757

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

April 13, 2004

KIWANIS CLUB OF ROCKLEDGE, INC.
PO BOX 560427
SHARPES, FL 32959-0427 US

SUBJECT: KIWANIS CLUB OF ROCKLEDGE, INC.
Ref. Number: 709246

We have received your document for KIWANIS CLUB OF ROCKLEDGE, INC. and check(s) totaling \$61.25. However, your check(s) and document are being returned for the following:

Although you attempted to file your annual report form online, you did not successfully complete the process. Therefore, we are returning the enclosed check along with an annual report form for you to complete. Please return the completed form and check to this office for processing. Only applications approved by the Department of State are acceptable. Please complete the enclosed approved application and return it to our office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers
Document Specialist

Letter Number: 804A00024297