

DOCUMENT # 736917

1. Entity Name

KIWANIS CLUB OF COUNTRYSIDE, CLEARWATER, FLORIDA**FILED**
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90140 025 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

C/O CHARLES R. HILLEBOE
2790 SUNSET POINT RD
CLEARWATER FL 34619C/O CHARLES R. HILLEBOE
2790 SUNSET POINT RD
CLEARWATER FL 33759-1503

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

59-1644320

Applied For:

Not Applicable

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

HILLEBOE, CHARLES R.
2790 SUNSET POINT RD
CLEARWATER FL 34619

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

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**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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
DT	PALMISANO, DANIEL	2246 WARWICK DR	OLDSMAR FL 34677-0033				
DP	ALDRICH, GEORGE S	902 PINELLAS ST	CLEARWATER FL 33756	DP	Nelda Gant	2766 Quail Hollow Rd W	Clearwater FL 33761
SD	BLANCHETTE, WIL	948 ROSEWOOD LANE	PALM HARBOR FL 34684	SD	George S Aldrich	902 Pinellas St	Clearwater, FL 33756
DPP	NELSON, JOHN	2818 MEADOW HILL DR	CLEARWATER FL 33761	DPP	George S Aldrich	902 Pinellas St	Clearwater, FL 33756

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-13-2000

CR2E037 (9/99)