

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 740135

1. Entity Name

KIWANIS CLUB OF SOUND-SIDE, HURLBURT FIELD, FLOR

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90017 014 ****61.25

Principal Place of Business

Mailing Address

P O BOX 137
 MARY ESTHER FL 32569

P O BOX 137
 MARY ESTHER FL 32569-0137

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0788761

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOVELAND, WILLIAM F
942 HOLBROOK
FT. WALTON BCH. FL 32548

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:
FEES 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	VD	<input type="checkbox"/> Delete
NAME	WARD, DOROTHY	
STREET ADDRESS	130 OPP BLVD	
CITY-ST-ZIP	FT WALTON BEACH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	CWLLIEN, RUTH	
STREET ADDRESS	131 WYNNE HAVEN BEACH RD	
CITY-ST-ZIP	MAY ESTHER FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CULLEN, BILL	
STREET ADDRESS	131 WYNNE HAVEN RD.	
CITY-ST-ZIP	MARY ESTHER FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SCOTT, JOHN	
STREET ADDRESS	733 RODNEY STREET	
CITY-ST-ZIP	FT. WALTON BCH. FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILL, KEN	
STREET ADDRESS	43 SE BAY DRIVE	
CITY-ST-ZIP	FT WALTON BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

William F. Loveland

April 4, 2000

CR2E037 (9/99)