

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90145 041 ****70.00

DOCUMENT # 749617

1. Entity Name
KIWANIS CLUB OF BONIFAY, FLORIDA



Principal Place of Business

P.O. BOX 264
BONIFAY FL 32425

Mailing Address

P.O. BOX 264
BONIFAY FL 32425

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 **59-6153558**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

JACOBS, JAMES E.
11 SON-IN-LAW ROAD
P.O. BOX 906 (FOR MAIL)
BONIFAY FL 32425

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

James E. Jacobs
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

1/6/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SAPP, JAMES A	
STREET ADDRESS	1627 CLAYTON RD	
CITY-ST-ZIP	CHIPLEY FL 32428	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WELLS, TIM	
STREET ADDRESS	124 S. WANASHA	
CITY-ST-ZIP	BONIFAY FL 32425	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, RUSSEL	
STREET ADDRESS	212 VARNER ST.	
CITY-ST-ZIP	BONIFAY FL 32425	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HOWELL, SEABORH	
STREET ADDRESS	309 S. WAUKESHA ST	
CITY-ST-ZIP	BONIFAY FL 32425	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACOBS, JAMES E	
STREET ADDRESS	P.O. BOX 906	
CITY-ST-ZIP	BONIFAY FL 32425	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOORE, JAMES	
STREET ADDRESS	1235 N. WAUKESHA ST.	
CITY-ST-ZIP	BONIFAY, FL 32425	
TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEE, DENNIS	
STREET ADDRESS	P.O. Box 992	
CITY-ST-ZIP	BONIFAY, FL 32425	
TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOXWORTH, ANITA	
STREET ADDRESS	203 Hatcher Drive	
CITY-ST-ZIP	BONIFAY, FL 32425	
TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROOKS, ROGER	
STREET ADDRESS	P.O. Box 132	
CITY-ST-ZIP	BONIFAY, FL 32425	
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: *JAMES E. JACOBS* *James E. Jacobs* *1/6/03* *850-547-2579*

CR2E037 (10/02)