

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90249 040 ****61.25

DOCUMENT # N01156

1. Entity Name

THE KIWANIS CLUB OF NEW SMYRNA BEACH, INC.

Principal Place of Business

Mailing Address

P.O. BOX 905
 NEW SMYRNA BEACH FL 32169

P.O. BOX 905
 NEW SMYRNA BEACH FL 32169

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

59-2530302

Applied For

Not Applicable

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

GALIANO, ALFRED A.
412 SCHOONER AVENUE
EDGEWATER FL 32141

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 *Alfred A. Galiano*
Alfred A. Galiano

4/22/02

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	<input type="checkbox"/> Delete
P	BAKER, FRED	1226 WAYNE AVE.	NEW SMYRNA BEACH FL 32168	<input type="checkbox"/>
VD	POULIN, KENNETH R	182 FLAMINGO RD.	EDGEWATER FL 32141	<input type="checkbox"/>
V/D	GOODRICH, CECIL JR	501 HIDDEN PINES	NEW SMYRNA BEACH FL 32168	<input type="checkbox"/>
SD	GALIANO, ALFRED A	412 SCHOONER AVENUE	EDGEWATER FL 32141	<input type="checkbox"/>
TD	HODSON, DOUGLAS D	109 PENINSULA AVENUE	NEW SMYRNA BEACH FL 32169	<input type="checkbox"/>
D	NOSS, RACHAEL	171 SLASH PINE CT.	NEW SMYRNA BEACH FL 32168	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D	Baker, Fred	1226 Wayne Ave	New Smyrna Beach, FL 32141	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
P	Goodrich, Cecil JR	501 Hidden Pines	New Smyrna Beach, FL 32168	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 files empowered.

SIGNATURE:

Alfred A. Galiano
SIGNATURE REQUIRED

4/22/02

386-426-5752

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)