

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 08, 2002 8:00 am
Secretary of State

07-08-2002 90234 006 ****61.25

DOCUMENT # N25396

1. Entity Name

KIWANIS AKTION CLUB OF INDIAN RIVER COUNTY, INC.

Principal Place of Business

Mailing Address

**%SAMUEL A. BLOCK
 2127 10TH AVENUE
 VERO BEACH FL 32960**

**%SAMUEL A. BLOCK
 2127 10TH AVENUE
 VERO BEACH FL 32960**

BUL141000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0133215

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BLOCK, SAMUEL A.
 2127 10TH AVENUE
 VERO BEACH FL 32960**

Name **Louis J. Aprile**

Street Address (P.O. Box Number is Not Acceptable)
1029 Orchid Oak Drive

City **Vero Beach**

FL

Zip Code **32963**

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

Louis J Aprile

Louis J Aprile

4/30/02

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	SD DESENA, DIANE	<input type="checkbox"/> Delete
STREET ADDRESS	2677 12TH ST	
CITY-ST-ZIP	VERO BEACH FL	
TITLE NAME	PD REPLOGLE, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS	1386-16TH AVE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE NAME	D WELLS, LLOYD	<input type="checkbox"/> Delete
STREET ADDRESS	1386 16TH AVE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE NAME	VPD SHAW, VERNEL	<input type="checkbox"/> Delete
STREET ADDRESS	1865 40TH AVE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE NAME	D SCHOLZE, CINDY	<input type="checkbox"/> Delete
STREET ADDRESS	45-206 PLANTATION DRIVE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE NAME		<input type="checkbox"/> Delete

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D LOUIS J APRILE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1029 ORCHID OAK DR	
CITY-ST-ZIP	VERO BEACH, FL 32963	

CR2E037 (9/01)

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 REQUIRED

4/30/02 772-231-5277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date