

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90063 020 ****61.25

DOCUMENT # N35302

1. Entity Name

KIWANIS CLUB OF FRIENDSHIP OF OCALA, INC.



Principal Place of Business

8375 SW HWY 200
COMMUNITY RM, 2ND FL
OCALA FL 34481
US

Mailing Address

ROBERT KEYSER
~~7088 SW 116 LOOP~~
OCALA FL 34476
US

2. Principal Place of Business

3. Mailing Address

10811 SW 53 CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3078265

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

KEYSER, ROBERT F

~~7088 SW 116 LOOP~~

OCALA FL 34476

Name

Street Address (P.O. Box Number is Not Acceptable)

10811 SW 53 CIRCLE

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

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
Due By May 1, 2004

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 SEC
NAME KEYSER, BOB ☐ Delete
STREET ADDRESS 7088 SW 115TH LOOP
CITY-ST-ZIP OCALA FL 34476

TITLE TRES
NAME HANSCOM, HENRY ☐ Delete
STREET ADDRESS 8075 SW 116 LOOP
CITY-ST-ZIP OCALA FL 34481

TITLE P
NAME BISHOP, W B ☒ Delete
STREET ADDRESS 7743 SW SR 200
CITY-ST-ZIP OCALA FL 34476

TITLE D
NAME NORRIS, JIM ☐ Delete
STREET ADDRESS 8094 S.W. 116TH LOOP
CITY-ST-ZIP OCALA FL

TITLE D
NAME TREMEWEN, KEN ☐ Delete
STREET ADDRESS 8016 SW 116TH LOOP
CITY-ST-ZIP OCALA FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PRESIDENT ☒ Change ☐ Addition
NAME GEORGE CARLQUIST
STREET ADDRESS 6264 SW 86 LANE
CITY-ST-ZIP OCALA, FL 34476

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Robert F. Keyser ROBERT F. KEYSER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/04

Date

352-237-0595

Daytime Phone #