


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 15, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N46353**  
 1. Entity Name  
**KIWANIS CLUB OF BROOKSVILLE, INC.**



Principal Place of Business  
**P.O. BOX 685  
 BROOKSVILLE, FL 34605-0685**

Mailing Address  
**P.O. BOX 685  
 BROOKSVILLE, FL 34605-0685**

**DO NOT WRITE IN THIS SPACE**



03092004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-6152216</b>	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  
**JOHNSTON, JE III  
 29 S BROOKSVILLE AVE  
 BROOKSVILLE, FL 34601**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSTON, JOSEPH E III 29 S BROOKSVILLE AVE BROOKSVILLE, FL 34601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE KIMBROUGH, JIMMY 11 N MAIN STREET BROOKSVILLE, FL 34601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OPPEDAL, DARREL 3358 AUGUSTINE RD SPRING HILL, FL 34609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HYSLOP, PEYTON 20 N MAIN STREET RM 340 BROOKSVILLE, FL 34601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DRAPER, ROBERT 10195 THAYER STREET BROOKSVILLE, FL 34601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEASLEY, KAREN 424 EDERINGTON DR BROOKSVILLE, FL 34601

U00000089225  
 03/15/04-80084-003 70.00

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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.

*Robert Draper 3/15/04 (752)751-1190*