

DOCUMENT # N93000003712

1. Entity Name

BROOKSVILLE KIWANIS CLUB FOUNDATION, INC.

Principal Place of Business

111 NORTH MAIN STREET
BROOKSVILLE FL 34601

Mailing Address

P.O. BOX 685
BROOKSVILLE FL 34605-0685

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

59-3203940

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, MARK C
13209 OLD CRYSTAL ROVER ROAD
BROOKSVILLE FL 34601

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.

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

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DEEN, TOM	
STREET ADDRESS	16051 LINGLE RD P O BOX 40	
CITY-ST-ZIP	ISTACHATTA FL 34636	
TITLE	T	<input type="checkbox"/> Delete
NAME	CLEARLAND, BEA	
STREET ADDRESS	175 MT FAIR AVE	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	S	<input type="checkbox"/> Delete
NAME	WALDRON, DIANNE	
STREET ADDRESS	19259 CORTEZ BLVD	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOOTH, CHARLES	
STREET ADDRESS	PO BOX 1016	
CITY-ST-ZIP	BROOKSVILLE FL 34605	
TITLE	D	<input type="checkbox"/> Delete
NAME	KRASEMAN, ALAN	
STREET ADDRESS	3389 RACKLEY RD	
CITY-ST-ZIP	BROOKSVILLE FL 34609	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FLOOK, JOHN	
STREET ADDRESS	1190 S BROAD ST	
CITY-ST-ZIP	BROOKSVILLE FL 34601	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEEN, TOM	
STREET ADDRESS	16051 LINGLE ROAD P.O. BOX 40	
CITY-ST-ZIP	ISTACHATTA, FL 34636	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAYLOR, MARK	
STREET ADDRESS	13209 OLD CRYSTAL RIVER RD.	
CITY-ST-ZIP	BROOKSVILLE, FL 34601	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/2001

Date

(352) 799-6393

Daytime Phone #

CR2E037 (10/00)

00795

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90054 009 ****61.25



DO NOT WRITE IN THIS SPACE