


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

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90077 049 \*\*\*\*61.25

**DOCUMENT # N9500000281**  
1. Entity Name  
**KIWANIS CLUB OF CHIEFLAND, INC.**



Principal Place of Business Mailing Address  
PO BOX 1310 CHIEFLAND FL 32626 PO BOX 1310 CHIEFLAND FL 32626

2. Principal Place of Business Suite, Apt. #, etc.  
3. Mailing Address Suite, Apt. #, etc.

City & State City & State  
Zip Country Zip Country



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent  
**LEAPTROT, JEWETT  
1301 N YOUNG BV  
CHIEFLAND FL 32626**

7. Name and Address of New Registered Agent  
Name **Berta Alejos-Geiger**  
Street Address (P.O. Box Number is Not Acceptable)  
**209 NW 6th Street**  
City **Chiefland, FL** Zip Code **32626**

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 *Berta Alejos-Geiger*  
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	VPD	<input type="checkbox"/> Delete
NAME	WESTBURY, NANCY	
STREET ADDRESS	PO BOX 1640	
CITY-ST-ZIP	CHIEFLAND FL 32644	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LEAPTROT, JEWETT	
STREET ADDRESS	PO BOX 1426	
CITY-ST-ZIP	CHIEFLAND FL 32644	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GEIGER, BERTA	
STREET ADDRESS	PO BOX 1857	
CITY-ST-ZIP	CHIEFLAND FL 32644	
TITLE	D	<input type="checkbox"/> Delete
NAME	EDISON, JEFFERY R	
STREET ADDRESS	9791 NW 110TH STREET	
CITY-ST-ZIP	CHIEFLAND FL 32626	
TITLE	T	<input type="checkbox"/> Delete
NAME	MOYER, CINDY	
STREET ADDRESS	PO BOX 1857	
CITY-ST-ZIP	CHIEFLAND FL 32644	
TITLE	D	<input type="checkbox"/> Delete
NAME	GULBRONSON, LEONARD	
STREET ADDRESS	PO BOX 1442	
CITY-ST-ZIP	CHIEFLAND FL 32644	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alejos-Geiger, Berta	
STREET ADDRESS	P.O. Box 1857	
CITY-ST-ZIP	Chiefland, FL 32644	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Geiger, Patsy S.	
STREET ADDRESS	327 NW 1st Street	
CITY-ST-ZIP	Williston, FL 32696	

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: *Berta Alejos-Geiger*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment  
ID# N9500000081  
94000252

D  
Nelson, Caretha  
P.O. Box 277  
Chiefland, FL 32644

D  
Pierce, Diane D.  
122 East Park Avenue  
Chiefland, FL 32626

DSullivan  
Sullivan, Emory  
P.O. Box 1082  
Inglis, FL 34449

D  
Harrington, Tommys  
P.O. Box 1341  
Chiefland, FL 32644

DLeaprot,  
Leaprot, Jewett  
P.O. Box 1426  
Chiefland, FL 32644