

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90031 002 ****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 3. Mailing Address
116th North Main **P.O. Box 2258**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Chiefland, FL **Chiefland, FL**

Zip Country Zip Country
32626 Levy **32644 Levy**

4. FEI Number **59-3292358** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent
ALEJOS-GEIGER, BERTA
209 NW 6TH STREET
CHIEFLAND FL 32626

7. Name and Address of New Registered Agent
 Name **Jeff Edison**
 Street Address (P.O. Box Number is Not Acceptable)
9791 NW 110th 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 *Jeff Edison* **Jeff Edison** **2/10/05**
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, 2005

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 NAME STREET ADDRESS CITY-ST-ZIP	VPD WESTBURY, NANCY PO BOX 1640 CHIEFLAND FL 32644 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALEJOS-GEIGER, BERTA P.O. BOX 1857 CHIEFLAND FL 32644 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GEIGER, BERTA PO BOX 1857 CHIEFLAND FL 32644 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDISON, JEFFERY R 9791 NW 110TH STREET CHIEFLAND FL 32626 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	I MOYER, CINDY PO BOX 1857 CHIEFLAND FL 32644 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEIGER, PATSY S 327 NW 1ST STREET WILLISTON FL 32696 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Emory Sullivan P.O. Box 32 Inglis, FL 34449 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Jeff Edison 9791 NW 110th Street Chiefland, FL 32626 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Danielle Judd 4370 SE 53rd Court Trenton, FL 32693 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Susie Lloyd 13550 NE 6th Court Trenton, FL 32693 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Nancy Bell P.O. Box 1640 Chiefland, FL 32644 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tommy Harrington P.O. Box 1341 Chiefland, FL 32644 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *Jeff Edison* **Jeff Edison** **2/10/05**
DATE AND TIME OF FILING OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

20011950
N95000000281

D
Diane Pierce
122 East Park Avenue
Chiefland, FL 32626

D
Jewitt Leaptrot
P.O. Box 1426
Chiefland, FL 32644