

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90833 006 ****61.25

0070823

DOCUMENT # N95000000281

1. Entity Name
KIWANIS CLUB OF CHIEFLAND, INC.



Principal Place of Business
**PO BOX 1310
CHIEFLAND FL 32626**

Mailing Address
**PO BOX 1310
CHIEFLAND FL 32626**

40006345



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3292358**

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

**LEAPTROT, JEWETT
1301 N YOUNG BV
CHIEFLAND FL 32626**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Jewett & Leaptrot*

01/10/2003

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VPD** Delete
NAME **WESTBURY, NANCY**
STREET ADDRESS **PO BOX 1640**
CITY-ST-ZIP **CHIEFLAND FL 32644**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** Delete
NAME **LEAPTROT, JEWETT**
STREET ADDRESS **PO BOX 1426**
CITY-ST-ZIP **CHIEFLAND FL 32644**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** Delete
NAME **JUDD, DANIELLE**
STREET ADDRESS **PO BOX 705**
CITY-ST-ZIP **CHIEFLAND FL 32644**

TITLE Change Addition
NAME **SD Geiger, Berta**
STREET ADDRESS **P.O. Box 1857**
CITY-ST-ZIP **Chiefland, FL 32644**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME **T Moyer, Cindy**
STREET ADDRESS **P.O. Box 481**
CITY-ST-ZIP **Chiefland, FL 32644**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME **D Edison, Jeffery R.**
STREET ADDRESS **9791 NW 110th Street**
CITY-ST-ZIP **Chiefland, FL 32626**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME **D Gulbranson, Leonard**
STREET ADDRESS **P.O. Box 1442**
CITY-ST-ZIP **Chiefland, FL 32644**

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: *Jewett & Leaptrot*

**01/10/03 (352)
4930050**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)

Attachment # N950000000281 20000345

D

Addition

**Harrington, Thomas
P.O. Box 1341
Chiefland, FL 32644**

D

Addition

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

D

Addition

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