

DOCUMENT # 741221

1. Entity Name

KIWANIS CLUB OF FLAGLER/PALM COAST, INC.**FILED**
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90020 029 ****61.25

Principal Place of Business	Mailing Address
6 FOLCROFT LANE PALM COAST FL 32137 US	6 FOLCROFT LANE PALM COAST FL 32137-8481 US

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	Applied For
51-0219120	<input type="checkbox"/> Not Applicable

5. -Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
-----------------------------------	---



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**RUARK, ROBERT T**
D6 FOLCROFT LANE
PALM COAST FL 32137**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	<i>Robert T. Ruark</i>	ROBERT T. RUARK	Treasurer	4-18-2000
	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)		DATE

FILE NOW:
FEE IS \$61.259. 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	DP	<input checked="" type="checkbox"/> Delete
NAME	MCCLERRY, RICHARD	
STREET ADDRESS	39 COTTON WOOD TRAIL	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	HALL, RICHARD	
STREET ADDRESS	7 BLACKTHORN CT	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	VPT	<input checked="" type="checkbox"/> Delete
NAME	RICHARDS, MILTON	
STREET ADDRESS	164 BELLEAIRE	
CITY-ST-ZIP	PALM COAST FL 32127	
TITLE	DT	<input type="checkbox"/> Delete
NAME	RUARK, ROBERT T	
STREET ADDRESS	6 FOLCROFT LANE	
CITY-ST-ZIP	PALM COAST FL	
TITLE	TAS	<input type="checkbox"/> Delete
NAME	SHOAF, JAMES	
STREET ADDRESS	46 CLUB HOUSE DR	
CITY-ST-ZIP	PALM COAST FL	
TITLE	TS	<input checked="" type="checkbox"/> Delete
NAME	BEDEIL, ROBERT	
STREET ADDRESS	SWHITTLE PLACE	
CITY-ST-ZIP	PALM COAST FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, RICHARD	
STREET ADDRESS	7 BLACKTHORN CT.	
CITY-ST-ZIP	PALM COAST, FL. 32137	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDS, MILTON	
STREET ADDRESS	164 BELLEAIRE	
CITY-ST-ZIP	PALM COAST, FL. 32137	
TITLE	VPT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CALDERWOOD, DEVISE	
STREET ADDRESS	27 WOODY DRIVE	
CITY-ST-ZIP	PALM COAST, FL. 32137	
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	TS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MC CLERRY, Richard	
STREET ADDRESS	39 COTTON WOOD TRAIL	
CITY-ST-ZIP	PALM COAST, FL. 32137	

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:	<i>ROBERT T. RUARK</i>	ROBERT T. RUARK	4/18/2000	446-0418
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E037 (9/99)