

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

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90974 026 \*\*\*\*61.25

**DOCUMENT # 741221**

1. Entity Name

KIWANIS CLUB OF FLAGLER/PALM COAST, INC.



Principal Place of Business

6 FOLCROFT LANE  
PALM COAST FL 32137  
US

Mailing Address

6 FOLCROFT LANE  
PALM COAST FL 32137  
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 **51-0219120**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUARK, ROBERT T  
D6 FOLCROFT LANE  
PALM COAST FL 32137

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

*Robert T. Ruark*  
Signature, typed or printed name of registered agent and title if applicable.

**Robert T. RUARK**  
(NOTE: Registered Agent signature required when reinstating)

**4-23-03**  
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	<del>VDT</del>	<input type="checkbox"/> Delete
NAME	ROSAVEAR, JAMES	
STREET ADDRESS	15 BECKER LN	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	HALL, RICHARD	
STREET ADDRESS	7 BLACKHORN CT	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	LYSINGER, WILLIAM	
STREET ADDRESS	30 PEBBLEWOOD LAW	
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 type="checkbox"/> Delete
NAME	MCCLERRY, RICHARD	
STREET ADDRESS	39 COTTON WOOD TRAIL	
CITY-ST-ZIP	PALM COAST FL 32137	

TITLE	<del>DP</del>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rosavear James	
STREET ADDRESS	15 BECKER LN	
CITY-ST-ZIP	PALM COAST, FL 32137	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dave Harvey	
STREET ADDRESS	1 FLORIDA PARK DR	
CITY-ST-ZIP	PALM COAST, FL 32137	
TITLE	VDT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Allen WhetSELL	
STREET ADDRESS	919 Bn Hwy A1A	
CITY-ST-ZIP	Flagler Beach, FL 32136	
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:

*Robert T. Ruark*  
**Robert T. RUARK** 4/23/03 446-0418 (386)

CR2E037 (10/02)