#### I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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

above, or on an attachment with all other like empowered. SIGNATURE: BRENDA SORENSEN

Electronic Signature of Signing Officer/Director Detail

# **DOCUMENT# 701848**

Entity Name: THE KIWANIS CLUB OF MONTICELLO, INC.

# **Current Principal Place of Business:**

264 N. CHERRY ST. MONTICELLO, FL 32344

### **Current Mailing Address:**

P.O. BOX 357 MONITCELLO, FL 32344

# FEI Number: 59-6153451

# Name and Address of Current Registered Agent:

SORENSEN, BRENDA 264 NORTH CHERRY STREET MONTICELLO, FL 32344 US

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:

#### Electronic Signature of Registered Agent **Officer/Director Detail :** Title Ρ Title т WALTON, KATRINA SORENSEN, BRENDA Name Name 264 N. CHERRY ST P.O. BOX 357 Address Address City-State-Zip: MONTICELLO FL 32344 MONTICELLO FL 32345 City-State-Zip: Title DIRECTOR CONDON, DON Name Address P.O. BOX 357 City-State-Zip: MONITCELLO FL 32344

Т

04/05/2017

# FILED Apr 05, 2017 Secretary of State CC2971500856

Certificate of Status Desired: No

Date

Date