# 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

Entity Name: THE KIWANIS CLUB OF MONTICELLO, INC.

# **Current Principal Place of Business:**

285 E WASHINGTON ST MONTICELLO, FL 32344

**DOCUMENT# 701848** 

#### **Current Mailing Address:**

P.O. BOX 357 MONITCELLO, FL 32344

## FEI Number: 59-6153451

#### Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

SORENSEN, BRENDA 285 E WASHINGTON ST 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:

Officer/Director Detail :			
Title	P	Title	т
Name	ARCENEAUX, MICHELLE	Name	SORENSEN, BRENDA G.
Address	P.O. BOX 357	Address	285 E WASHINGTON ST
City-State-Zip:	MONTICELLO FL 32345	City-State-Zip:	MONTICELLO FL 32344
Title	DIRECTOR		
Name	SMITH, PHIL		
Address	P.O. BOX 357		
City-State-Zip:	MONITCELLO FL 32344		

Certificate of Status Desired: No

FILED Mar 26, 2024 Secretary of State 1492203581CC

Date

03/26/2024 Date

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# 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT