

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 702889

**Entity Name:** KIWANIS CLUB OF CAPITAL CITY, TALLAHASSEE, INC.

**Current Principal Place of Business:**

2878 MAHAN DR.  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

2878 MAHAN DR.  
TALLAHASSEE, FL 32308

**FEI Number: 59-6168949**

**Certificate of Status Desired: No**

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

SANDERS, JOE  
2878 MAHAN DR.  
TALLAHASSEE, FL 32308 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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name PRICE, BENJAMIN E  
Address 4611 INISHEER DR  
City-State-Zip: TALLAHASSEE FL 32309

Title PRESIDENT ELECT  
Name TYNAN, AMBER  
Address 3100 LAYLA ST  
City-State-Zip: TALLAHASSEE FL 32303

Title TREA  
Name SANDERS, JOE  
Address 2878 MAHAN DR.  
City-State-Zip: TALLAHASSEE FL 32308

Title VP  
Name DAVIS, JAMES  
Address 3528 CARRINGTON DR  
City-State-Zip: TALLAHASSEE FL 32303

Title PAST PRESIDENT  
Name MORGAN, JANET  
Address 2996 FENWICK CT.  
City-State-Zip: TALLAHASSEE FL 32309

Title SECRETARY  
Name HUDDLESTON, EMMA  
Address 512 AUSLEY RD  
City-State-Zip: TALLAHASSEE FL 32304

Title DIRECTOR  
Name OHLSEN, JENNIFER  
Address 146 TEAL LN.  
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR  
Name MORGAN, THOMAS  
Address 2996 FENWICK CT.  
City-State-Zip: TALLAHASSEE FL 32309

**Continues on page 2**

*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: JOE SANDERS**

**TREASURER**

**03/13/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            SMITH, LINDA J  
Address        1842 VINEYARD WAY  
City-State-Zip: TALLAHASSEE FL 32317