

2013 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	MORGAN, JANET
Address	2996 FENWICK CT.
City-State-Zip:	TALLAHASSEE FL 32309

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

Title	DIRECTOR
Name	ANDERSON, EVERETT
Address	700 DUPARC CIR
City-State-Zip:	TALLAHASSEE FL 32312

Title	SECRETARY
Name	WELLS, DONNA
Address	497 STONE HOUSE RD.
City-State-Zip:	TALLAHASSEE FL 32301

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

Title	PAST
Name	LEDBETTER, JAMES
Address	4162 LAUREL OAK CIR
City-State-Zip:	TALLAHASSEE FL 32311

Title	DIRECTOR
Name	ATKINSON, TIM
Address	326 MEADOW RIDGE DR.
City-State-Zip:	TALLAHASSEE FL 32312

Title	DIRECTOR
Name	MOORE, MICKEY
Address	3243 STANHOPE DR.
City-State-Zip:	TALLAHASSEE FL 32311

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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****03/30/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	WILLIAMS, EDDIE
Address	5747 SIOUX DR.
City-State-Zip:	TALLAHASSEE FL 32317