

**2023 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 TREA  
Name SANDERS, JOE  
Address 2878 MAHAN DR.  
City-State-Zip: TALLAHASSEE FL 32308

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

Title PAST PRESIDENT  
Name KERCE, SAM  
Address 2928 TIPPERARY CT.  
City-State-Zip: TALLAHASSEE FL 32309

Title DIRECTOR  
Name NEIRA, ALICE  
Address 2928 TIPPERARY CT.  
City-State-Zip: TALLAHASSEE FL 32309

Title PRESIDENT-SECRETARY  
Name LEDBETTER, JAMES  
Address 4177-B BREWSTER RD.  
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR  
Name PARDUE, HOWARD  
Address 809 MADERIA CIRCLE  
City-State-Zip: TALLAHASSEE FL 32312

Title DIRECTOR  
Name STEVENSON, JUNE  
Address 3810 BUCK LAKE RD.  
1102  
City-State-Zip: TALLAHASSEE FL 32317

Title DIRECTOR  
Name LEDBETTER, ROSE  
Address 4177-B BREWSTER ROAD  
City-State-Zip: 32308 FL

**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**

**03/08/2023**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           KENYON, JOHN  
Address        3081 BAYSHORE DR  
City-State-Zip: TALLAHASSEE FL 32309

Title           DIRECTOR  
Name           HEIDEL, LAFONDA  
Address        4320 SIERRA WOODS RUN  
City-State-Zip: TALLAHASSEE FL 32311