2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702889

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

FILED Apr 13, 2019 **Secretary of State** 9447515447CC

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:

2996 FENWICK CT.

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:

Address

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT	Title	TREA

DAVIS, JAMES Name Name SANDERS, JOE 3528 CARRINGTON DR Address Address 2878 MAHAN DR.

TALLAHASSEE FL 32308 TALLAHASSEE FL 32303 City-State-Zip: City-State-Zip:

SECRETARY Title Title PAST PRESIDENT

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

DIRECTOR Title Title **DIRECTOR** Name ATKINSON, TIM Name MORGAN . THIOMAS Address 700 DUPARC CIR

City-State-Zip: TALLAHASSEE FL 32312 TALLAHASSEE FL 32309 City-State-Zip:

Title DIRECTOR Title DIRECTOR KERCE, SAM Name DUGGAR, TOMMY Name 2005 LESS AVE. Address Address 2878 MAHAN DR.

City-State-Zip: TALLAHASSEE FL 32308 TALLAHASSEE FL 32308 City-State-Zip:

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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.

04/13/2019 SIGNATURE: JOE SANDERS TREASURER

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR Title VP

NameDIXON, CAROLYNNameJOHNSON, DAVIDAddress1288 REDFIELD RD.Address1421 LOLA DR.

City-State-Zip: TALLAHASSEE FL 32317 City-State-Zip: TALLAHASSEE FL 32301