# 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

# 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

#### **Officer/Director Detail :**

Title	Р	Title	PRESIDENT ELECT
Name	HENDERSON, ROBERT	Name	PRICE, BENJAMIN E
Address	497 STONE HOUSE RD.	Address	4611 INISHEER
City-State-Zip:	TALLAHASSEE FL 32301	City-State-Zip:	TALLAHASSEE FL 32309
Title	TREA	Title	VP
Name	SANDERS, JOE	Name	TYNAN, AMBER
Address	2878 MAHAN DR.	Address	3100 LAYLA ST.
City-State-Zip:	TALLAHASSEE FL 32308	City-State-Zip:	TALLAHASSEE FL 32303
Title Name Address City-State-Zip:	PAST PRESIDENT MORGAN, JANET 2996 FENWICK CT. TALLAHASSEE FL 32309	Title Name Address City-State-Zip:	DIRECTOR DAVIS, JIM 3528 CARRINGTON DR TALLAHASSEE FL 32303
Title Name Address City-State-Zip:	SECRETARY WELLS, DONNA 497 STONE HOUSE RD. TALLAHASSEE FL 32301	Title Name Address City-State-Zip:	DIRECTOR LEDBETTER, JIM 4162 LAUREL OAK CIR TALLAHASSEE FL 32311

### 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

04/17/2014

Electronic Signature of Signing Officer/Director Detail

Date

# FILED Apr 17, 2014 Secretary of State CC4696698980

Date

Certificate of Status Desired: No

# **Officer/Director Detail Continued :**

Title	DIRECTOR	Title	DIRECTOR
Name	HUDDLESTON, EMMA	Name	LANHAM, DON
Address	512 AUSLEY RD.	Address	1963 LAWSON RD
City-State-Zip:	TALLAHASSEE FL 32304	City-State-Zip:	TALLAHASSEE FL 32308
Title	DIRECTOR	Title	DIRECTOR
Title Name	DIRECTOR MCNALLY, CAROL	Title Name	DIRECTOR OHLSEN, JENNIFER
Name	MCNALLY, CAROL	Name	OHLSEN, JENNIFER