## **2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N46353

Entity Name: KIWANIS CLUB OF BROOKSVILLE, INC.

**Current Principal Place of Business:** 

101 S MAIN STREET BROOKSVILLE, FL 34601

**Current Mailing Address:** 

P.O. BOX 685

BROOKSVILLE, FL 34601

FEI Number: 59-6152216 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

HAMILTON, DAVID S 8447 HILLCREST DRIVE BROOKSVILLE, FL 34601 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

FILED Apr 28, 2021

Secretary of State

8457526945CC

Officer/Director Detail:

TitlePRESIDENTTitleDIRECTORNameOPPEDAL, JANETNameSMITH, STEVENAddress3358 AUGUSTINE RDAddress618 ERIN WAY

City-State-Zip: SPRING HILL FL 34609 City-State-Zip: BROOKSVILLE FL 34601

Title IMMEDIATE PAST PRESIDENT Title TREASURER

NameHITZEMANN, BARBARANameJACOBS, ROGER HAddressPO BOX 685Address246 E FORT DADE AVE

City-State-Zip: BROOKSVILLE FL 34605 City-State-Zip: BROOKSVILLE FL 34601

TitleEX OFFICIO DIRECTORTitlePRESIDENT ELECTNameTAYLOR, MARKNameDANIEL, DEBBIEAddressPO BOX 10779AddressPO BOX 37

City-State-Zip: BROOKSVILLE FL 34603 City-State-Zip: BROOKSVILLE FL 34605

Title DIRECTOR Title ASSISTANT TREASURER

Name ADAMS, CASEY Name CARLTON, RICHARD

Address 20421 LAKE LINDSEY ROAD Address 23252 LAKE LINDSAY ROAD

City-State-Zip: BROOKSVILLE FL 34601 City-State-Zip: BROOKSVILLE FL 34601

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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: ROGER JACOBS TREASURER 04/28/2021

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title VP Title SECRETARY

Name CASSARA, FRANK Name FOOTE, KATELYN

Address 9391 BRADY Address 8361 COFIELD LANE

City-State-Zip: SPRING HILL FL 34608 City-State-Zip: SPRING HILL FL 34608