

2023 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:** No**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

Officer/Director Detail :

Title DIRECTOR
Name JACOBS, ROGER H
Address 246 E FORT DADE AVE
City-State-Zip: BROOKSVILLE FL 34601

Title EX OFFICIO DIRECTOR
Name TAYLOR, MARK
Address PO BOX 10779
City-State-Zip: BROOKSVILLE FL 34603

Title TREASURER AND IMMEDIATE PAST PRESIDENT
Name DANIEL, DEBBIE
Address PO BOX 37
City-State-Zip: BROOKSVILLE FL 34605

Title ASSISTANT TREASURER
Name CARLTON, RICHARD
Address 23252 LAKE LINDSAY ROAD
City-State-Zip: BROOKSVILLE FL 34601

Title PRESIDENT
Name CASSARA, FRANK
Address 9391 BRADY
City-State-Zip: SPRING HILL FL 34608

Title PRESIDENT ELECT
Name WILLIAM, TANNER JARED
Address 19581 LILY POND CT
City-State-Zip: BROOKSVILLE FL 34601

Title DIRECTOR
Name CAMPBELL, JOHN
Address 2345 OLD OAKE TRAIL
City-State-Zip: BROOKSVILLE FL 34604

Title DIRECTOR
Name BELL, BLAKE E
Address 5366 SOUTHERN VALLEY LOOP
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 H JACOBS**DIRECTOR****02/07/2023**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name TOMBRINK, RICHARD
Address P.O. BOX 685
City-State-Zip: BROOKSVILLE FL 34601

Title SECRETARY
Name BARRY, LINDA
Address P.O. BOX 685
City-State-Zip: BROOKSVILLE FL 34601

Title VP
Name JOHN, EHLENBECK
Address P.O. BOX 685
City-State-Zip: BROOKSVILLE FL 34601