

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003712

Entity Name: BROOKSVILLE KIWANIS CLUB FOUNDATION, INC.**Current Principal Place of Business:**101 S. MAIN STREET
BROOKSVILLE, FL 34601**Current Mailing Address:**C/O MARK TAYLOR
PO BOX 10779
BROOKSVILLE, FL 34603 US**FEI Number:** 59-3203940**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MASON, JR., JOSEPH MESQ.
101 S. MAIN STREET
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	VP
Name	OPPEDAL, DARREL
Address	3358 AUGUSTINE ROAD
City-State-Zip:	SPRING HILL FL 34609

Title	D
Name	MCDONALD, JONATHAN
Address	10096 DOMINGO DRIVE
City-State-Zip:	BROOKSVILLE FL 34601

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

Title	DIRECTOR
Name	PEPE, TOM
Address	9251 SIKES COW PEN ROAD
City-State-Zip:	BROOKSVILLE FL 34601

Title	DIRECTOR
Name	WHEELLES, RON
Address	19496 CORTEZ BLVD
City-State-Zip:	BROOKSVILLE FL 34601

Title	D
Name	MOORE, JEREMY
Address	8514 PINE TOP RIDGE LN
City-State-Zip:	BROOKSVILLE FL 34613

Title	PRESIDENT
Name	SMITH, STEVE
Address	618 ERIN WAY
City-State-Zip:	BROOKSVILLE FL 34601

Title	SECRETARY
Name	BISHOP, GERALDINE
Address	9978 DOMINGO DRIVE
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: MARK TAYLOR**TREASURER****01/15/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	FLUTY, LARRY
Address	12331 STRINGER ROAD
City-State-Zip:	BROOKSVILLE FL 34601