

**2017 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 OPPERDAL, DARREL  
Address 3358 AUGUSTINE ROAD  
City-State-Zip: SPRING HILL FL 34609Title D  
Name MCDONALD, JONATHAN  
Address 10096 DOMINGO DRIVE  
City-State-Zip: BROOKSVILLE FL 34601Title T  
Name TAYLOR, MARK  
Address PO BOX 10779  
City-State-Zip: BROOKSVILLE FL 34603Title DIRECTOR  
Name PEPE, TOM  
Address 9251 SIKES COW PEN ROAD  
City-State-Zip: BROOKSVILLE FL 34601Title DIRECTOR  
Name WHEELLES, RON  
Address 19496 CORTEZ BLVD  
City-State-Zip: BROOKSVILLE FL 34601Title D  
Name MOORE, JEREMY  
Address 8514 PINE TOP RIDGE LN  
City-State-Zip: BROOKSVILLE FL 34613Title PRESIDENT  
Name SMITH, STEVE  
Address 618 ERIN WAY  
City-State-Zip: BROOKSVILLE FL 34601Title SECRETARY  
Name BISHOP, GERALDINE  
Address 9978 DOMINGO DRIVE  
City-State-Zip: BROOKSVILLE FL 34601**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: MARK TAYLOR****TREAS****01/05/2017**\_\_\_\_\_  
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