

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 704681

1. Entity Name

KIWANIS CLUB OF MERRITT ISLAND FLORIDA, INC.

Principal Place of Business

PO BOX 540936  
MERRITT ISLAND FL 32954-7936

Mailing Address

PO BOX 540936  
MERRITT ISLAND FL 32954-7936

2. Principal Place of Business

455 MAGNOLIA AVE.

3. Mailing Address

455 MAGNOLIA AVE.

Suite, Apt. #, etc.

SUITE A

Suite, Apt. #, etc.

SUITE A

City & State

MERRITT ISLAND, FL

City & State

MERRITT ISLAND, FL

Zip

32952

Country

Zip

32952

Country

6. Name and Address of Current Registered Agent

GOLDMAN, PAUL  
101 S COURTENAY PKWY  
MERRITT ISLAND FL 32952

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE ☒ NAME STRUNK, DR. DAVID  
STREET ADDRESS 2180 MANGO LANE  
CITY-ST-ZIP MERRITT ISLAND FL 32952 ☐ Delete

TITLE ☒ NAME FAUL, JOHN  
STREET ADDRESS 455 MAGNOLIA AVE  
CITY-ST-ZIP MERRITT ISLAND FL 32953 ☐ Delete

TITLE ☒ NAME YOUNG, MARY  
STREET ADDRESS 280 N TROPICAL TRAIL  
CITY-ST-ZIP MERRITT ISLAND FL 32953 ☐ Delete

TITLE ☒ NAME HOLFE, LARS  
STREET ADDRESS 350 TAYLOR AVE APT B-5  
CITY-ST-ZIP CAPE CANAVERAL FL 32920 ☐ Delete

TITLE ☒ NAME MURPHY, CARLA  
STREET ADDRESS 8772 LIVE OAK COURT  
CITY-ST-ZIP CAPE CANAVERAL FL 32920 ☐ Delete

TITLE ☒ NAME BELTON, TOM  
STREET ADDRESS PO BOX 937  
CITY-ST-ZIP COCOA FL 32922 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ NAME S ☐ Change ☐ Addition  
STREET ADDRESS ☒ CITY-ST-ZIP ☐

TITLE ☒ NAME T ☐ Change ☐ Addition  
STREET ADDRESS ☒ CITY-ST-ZIP ☐

TITLE ☒ NAME VP ☐ Change ☒ Addition  
STREET ADDRESS TOM FERRARO  
CITY-ST-ZIP 1450 N. COURTENAY PKWY, # 34  
MERRITT ISLAND, FL 32953

TITLE ☒ NAME P ☐ Change ☐ Addition  
STREET ADDRESS ☒ CITY-ST-ZIP ☐

TITLE ☒ NAME ☐ Change ☐ Addition  
STREET ADDRESS ☒ CITY-ST-ZIP ☐

TITLE ☒ NAME D RUTH JAWOROWSKI ☐ Change ☒ Addition  
STREET ADDRESS 545 MILFORD POINT  
CITY-ST-ZIP MERRITT ISLAND, FL 32952

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE JOHN W. FAUL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/02 321-449-9300

Date

Daytime Phone #

CR2E037 (9/01)

FILED  
Mar 06, 2002 8:00 am  
Secretary of State

03-06-2002 90086 049 \*\*\*\*\*61.25



DO NOT WRITE IN THIS SPACE