

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711939

FILED
Jan 06, 2009
Secretary of State

Entity Name: THE KIWANIS CLUB OF TALLAHASSEE, INC., FLORIDA

Current Principal Place of Business:

1104 KENILWORTH RD
TALLAHASSEE, FL 32312 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 1722
TALLAHASSEE, FL 32302 US

New Mailing Address:

FEI Number: 59-0877742 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GUEMPLE, RANDY
293 THORNBERG DR
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ZOTTOLI, BILL
Address: 2039 CENTRE POINTE BLVD
City-St-Zip: TALLAHASSEE, FL 32308

Title: T () Delete
Name: NORTHCUTT, MARK
Address: 1104 KENILWORTH RD
City-St-Zip: TALLAHASSEE, FL 32312

Title: S () Delete
Name: OWENS, EDNA
Address: 511 NORTH MERIDIAN
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: ALLEN, BOB
Address: 2303 ARMISTEAD RD
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: DODSON, CHARLES
Address: 215 DELTA CT
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DALLET, PAT
Address: 2039 CENTRE POINTE BLVD
City-St-Zip: TALLAHASSEE, FL 32308

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: OWENS, EDNA
Address: 511 NORTH MERIDIAN
City-St-Zip: TALLAHASSEE, FL 32301

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARK NORTHCUTT

T

01/06/2009

Electronic Signature of Signing Officer or Director

Date