

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90020 044 \*\*\*\*61.25

**DOCUMENT # 721566**

1. Entity Name  
**KIWANIS CLUB OF COCOA, FLORIDA, ACTIVITIES FUND, INC.**



Principal Place of Business  
P.O. BOX 1121  
COCOA, FL 32923

Mailing Address  
P.O. BOX 1121  
COCOA, FL 32923

**24005706**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01302004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

23-7160364

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARTALOT, THOMAS W**  
**1838 BARRINGTON CR**  
**ROCKLEDGE, FL 32955**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete  
NAME **MCNEAL, MARY**  
STREET ADDRESS **58 COLONIAL DR**  
CITY-ST-ZIP **COCOA BEACH, FL 32931**

TITLE **PAST President** ☒ Change ☐ Addition  
NAME **SAME**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **BARFIELD, CHARLES**  
STREET ADDRESS **1004 JERSEY STREET**  
CITY-ST-ZIP **PT. ST. JOHN, FL 32927**

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

TITLE **PPT** ☐ Delete  
NAME **WATSON, VIC**  
STREET ADDRESS **4760 BRENTWOOD DR**  
CITY-ST-ZIP **COCOA, FL 32927**

TITLE **Board of Directors** ☒ Change ☐ Addition  
NAME **SAME**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☒ Delete  
NAME **HOSKINS, BILL**  
STREET ADDRESS **2231 ALEXANDER DR**  
CITY-ST-ZIP **TITUSVILLE, FL 32780**

TITLE **President** ☐ Change ☒ Addition  
NAME **SWADGRASS-NEAL, JOSIAH**  
STREET ADDRESS **484 COLLINS ST SE.**  
CITY-ST-ZIP **PAIM BAY, FL 32909**

TITLE **T** ☐ Delete  
NAME **BARTALOT, TOM**  
STREET ADDRESS **1838 BARRINGTON CR**  
CITY-ST-ZIP **ROCKLEDGE, FL 32955**

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

TITLE **VP** ☒ Delete  
NAME **NEST, BRENDA V**  
STREET ADDRESS **5305 LAKE POINSETT DR**  
CITY-ST-ZIP **COCOA, FL 32926**

TITLE **V.P.** ☐ Change ☒ Addition  
NAME **EZEKIAL CLIFTON**  
STREET ADDRESS **805 CLIFTON CANYON CT.**  
CITY-ST-ZIP **COCOA, FL 32926**

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: **THOMAS W. BARTALOT**  
**Thomas W. Bartalot**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/30/04**  
Date

**321 637 9286**  
Daytime Phone #