

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

AND
FILED
95 FEB -8 PM 4:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 726478 (1)

1. Corporation Name

KIWANIS CLUB OF TALLAHASSEE NORTHSIDE, FLORIDA, INC.

Principal Place of Business

Mailing Address

1537 WOODGATE WAY
TALLAHASSEE FL 32312

1537 WOODGATE WAY
TALLAHASSEE FL 32312

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/21/1973

3a. Date of Last Report

03/02/1994

4. FEI Number

23-7194416

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAMS, JAMES H.
1537 WOODGATE WAY
TALLAHASSEE FL 32312

81 Name

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

83

84 City

FL

95

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE S
NAME CRAFT, JEREMY
STREET ADDRESS 1537 WOODGATE WAY
CITY-ST-ZIP TALLAHASSEE FL

1.1 TITLE
1.2 NAME D Howard Miller
1.3 STREET ADDRESS 1537 Woodgate Way
1.4 CITY-ST-ZIP Tallahassee, Florida 32312

☒ Change ☐ Addition

TITLE P
NAME AGNER, WILLIAM S
STREET ADDRESS 1537 WOODGATE WAY
CITY-ST-ZIP TALLAHASSEE FL

2.1 TITLE
2.2 NAME D Lee Young
2.3 STREET ADDRESS 1537 Woodgate Way
2.4 CITY-ST-ZIP Tallahassee, Florida 32312

☒ Change ☐ Addition

TITLE Y
NAME WILLIAMS, JAMES H.
STREET ADDRESS 1537 WOODGATE WAY
CITY-ST-ZIP TALLAHASSEE FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME VESTER, MARK
STREET ADDRESS 1537 WOODGATE WAY
CITY-ST-ZIP TALLAHASSEE FL

4.1 TITLE
4.2 NAME D Jon Winter
4.3 STREET ADDRESS 1537 Woodgate Way
4.4 CITY-ST-ZIP Tallahassee, Florida 32312

☒ Change ☐ Addition

TITLE D
NAME FUSSELL, TOM
STREET ADDRESS 1537 WOODGATE WAY
CITY-ST-ZIP TALLAHASSEE FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

James H. Williams
JAMES H. WILLIAMS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 17, 1995 (904) 395-6230

Date

Telephone #