

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 13, 2004 8:00 am
Secretary of State

07-13-2004 90004 007 ****66.25

DOCUMENT # 726478

1. Entity Name

✓ KIWANIS CLUB OF TALLAHASSEE, NORTHSIDE



DO NOT WRITE IN THIS SPACE

54062244

2. Principal Place of Business

1537 WOODGATE WAY

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TALLAHASSEE, FLORIDA

City & State

Same

4. FEI Number

23-7194416

Applied For

Not Applicable

Zip

32308

Country

LEON

Zip

Same

Country

Same

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JAMES H. WILLIAMS

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

1537 WOODGATE WAY

City

TALLAHASSEE

FL

Zip Code

32308

**DO NOT WRITE
IN THIS SPACE**

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

JAMES H. WILLIAMS

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

(NOTE: Registered Agent signature required when reinstating)

James H. Williams

7/18/04

DATE

FEE IS \$61.25

Initial or Amended UBR

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
BOYD, MARY
1824 SOUTH MERIDAN
TALLAHASSEE, FL. 32301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT ELECT
WHITE, CLEVELAND
4733 PLANTATION VIERI
TALLAHASSEE, FL. 32311

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY
HARPER, MCRAY
2576 BETTON WOODS DR,
TALLAHASSEE, FL. 32308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PAST PRESIDENT
IVESTER, NARK
4484 FOXCROFT DR.
TALLAHASSEE, FL. 32309

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TREASURER
WILLIAMS, JAMES H.
1537 WOODGATE WAY
TALLAHASSEE, FL. 32308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

JAMES H. WILLIAMS

James H. Williams

7/19/04

850-385-6230

CR2E037B (12/02)