

**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

3. Mailing Address

Same

Suite, Apt. #, etc.

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

**DO NOT WRITE
IN THIS SPACE**

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

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

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

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

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

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

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

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

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

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

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

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)