

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 11, 2005 8:00 am**  
**Secretary of State**

03-11-2005 90304 024 \*\*\*\*61.25



**DOCUMENT # 726478**  
 1. Entity Name  
**KIWANIS CLUB OF TALLAHASSEE NORTHSIDE, FLORIDA, INC.**

Principal Place of Business: **1537 WOODGATE WAY TALLAHASSEE FL 32308 US**  
 Mailing Address: **1537 WOODGATE WAY TALLAHASSEE FL 32308 US**

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Country

4. FEI Number: **23-7194416** Applied For:  Not Applicable

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent  
**WILLIAMS, JAMES H.  
 1537 WOODGATE WAY  
 TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent  
 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25 Due By May 1, 2005**

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 NAME: BOYD, MARY STREET ADDRESS: 1824 S MERIDIAN STREET CITY-ST-ZIP: TALLAHASSEE FL 32301	<input type="checkbox"/> Delete	TITLE: <i>White, Cleveland</i> NAME: <i>White, Cleveland</i> STREET ADDRESS: <i>4733 Plantation Vieri</i> CITY-ST-ZIP: <i>Tallahassee, FL 32311</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PP NAME: NARK, IVESTER STREET ADDRESS: 4484 FOXCROFT DR CITY-ST-ZIP: TALLAHASSEE FL 32309	<input type="checkbox"/> Delete	TITLE: <i>PP Boyd, Mary</i> NAME: <i>Boyd, Mary</i> STREET ADDRESS: <i>1824 S Meridian St</i> CITY-ST-ZIP: <i>Tallahassee, FL 32301</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: HARPER, MCRAY STREET ADDRESS: 2576 BETTON WOODS DR CITY-ST-ZIP: TALLAHASSEE FL 32308	<input type="checkbox"/> Delete	TITLE: <i>S Harper, MCRAY</i> NAME: <i>Harper, MCRAY</i> STREET ADDRESS: <i>2576 Betton Woods Dr</i> CITY-ST-ZIP: <i>Tallahassee FL 32308</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PE NAME: WHITE, CLEVELAND STREET ADDRESS: 4733 PLANTATION VIERI CITY-ST-ZIP: TALLAHASSEE FL 32311	<input type="checkbox"/> Delete	TITLE: <i>PE Winter Jan</i> NAME: <i>White, Cleveland</i> STREET ADDRESS: <i>4733 Plantation Hills Dr</i> CITY-ST-ZIP: <i>Tallahassee, FL 32317</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: I NAME: WILLIAMS, JAMES H STREET ADDRESS: 1537 WOODGATE WAY CITY-ST-ZIP: TALLAHASSEE FL 32308	<input type="checkbox"/> Delete	TITLE: <i>Will Williams, James H</i> NAME: <i>Williams, James H</i> STREET ADDRESS: <i>1537 Woodgate Way</i> CITY-ST-ZIP: <i>Tallahassee, FL 32308</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *James H. Williams* *James H. Williams* 3-8-05 385-6230  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #