

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90076 017 ****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**

70056939



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **23-7194416**

Applied For

Not Applicable

CHECK HERE IF MAKING CHANGES

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

**WILLIAMS, JAMES H.
1537 WOODGATE WAY
TALLAHASSEE FL 32308**

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

FILE NOW: FEE IS \$61.25

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	V	<input type="checkbox"/> Delete
NAME	BOYD, MORY	
STREET ADDRESS	1824 S MERIDIAN STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	D	<input type="checkbox"/> Delete
NAME	IVESTER, MARK	
STREET ADDRESS	4484 FOX CROFT DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32309	
TITLE	S	<input type="checkbox"/> Delete
NAME	HARPER, MAC	
STREET ADDRESS	2516 BETTON WOODS DR	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	P	<input type="checkbox"/> Delete
NAME	YON, VERNON	
STREET ADDRESS	4106 ARKLOW DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32309	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRIS, EARLY	
STREET ADDRESS	2216 MULBERRY BLVD	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	T	<input type="checkbox"/> Delete
NAME	WILLIAMS, J.H.	
STREET ADDRESS	1537 WOODGATE WAY	
CITY-ST-ZIP	TALLAHASSEE FL 32308	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Investor, Mark	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4484 Fox Croft Drive	
STREET ADDRESS	Tallahassee, FL 32309	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Dyon, Vernon	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4106 Arklow Dr	
STREET ADDRESS	Tallahassee, FL 32309	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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
REQUIRED

4/9/03

1820 385-6203

CR2E037 (10/02)