2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State
02-13-2002 90174 044 ****61.25

DOCUMENT # 746330

1. Entity Name

KIWANIS CLUB OF HOMOSASSA SPRINGS, INC.

Principal Place of Business	Mailing Address
SOUTHERN WOODS C.C 1501 CORKWOOD BLVD. HOMOSSA SPRINGS FL 34446 US	P O BOX 1310 HOMOSSA SPRINGS FL 34447-1310 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 36-1327510 ☐ Applied For ☐ Not Applicable

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
LANGGUTH, GEORGE F 5545 BENCHMARK LN SANFORD FL 32773	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.

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 Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRAHAM, JACK 10 BLUE BEECH CT HOMOSASSA FL 34446	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HERBERT JOERGER 36 SWEETGUM CT HOMOSASSA, FL 34446	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HEBB, ROLAND 102 CHINABERRY CIRCLE HOMOSASSA FL 34446	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD RALPH SIEGEL 57 LINDER DRIVE HOMOSASSA, FL 34446	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MENKEN, JOHN 5030 STETSON PT DR HOMOSASSA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD VERGE, ERNIE 13 MORNING GLORY CT HOMOSASSA FL 34446	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ALECKSON, JOHN B 1158 W TIMBERLANE DR HOMOSASSA FL 34448	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ALEXANDER BARGESKI 6 COLUBRINA CT HOMOSASSA, FL 34446	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KRACHT, EARLE 24 SWEETGUM CT HOMOSASSA FL 34446	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD	☐ Change ☐ Addition

CR2E037 (9/01)

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: Ernie Verge ERNIE VERGE 01/28/02 352 382-0209
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #