2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State
03-18-2002 90048 044 ****61.25

000171 3

DOCUMENT # 747703

1. Entity Name

KIWANIS CLUB OF ST. JAMES CITY, FLORIDA, INC.

Principal Place of Business	Mailing Address
8150 STRINGFELLOW RD PO BOX 111 ST. JAMES CITY FL 33956	8150 STRINGFELLOW RD PO BOX 111 ST. JAMES CITY FL 33956

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 59-2372860 ☐ 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
JOHNSON, PAULA 2701 CLEVELAND AVE., SUITE 10 FT MYERS FL 33901	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	P SCHUETZ, PAULA 5511 PINE ISLAND RD BOKEELIA FL 33922	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ECKENROAD, PAUL 5440 PINE CREEK LANE BOKEELIA FL 33922	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DAHLBERT, DALE 4974 NEEDLEFISH LANE ST JAMES CITY FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Dahlberg, Dale	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHEVLIN, MIKE P.O. BOX 488 N/A MATLACHA FL 33956	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TIMOTHY, THOMAS 5020 ISLAND ACRES CT ST. JAMES FL 33956	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S STEAENS, ELSIE 8787 KODIAK CT SAINT JAMES CITY FL 33956	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Stearns, Elsie	☐ 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: Paula Schuetz PAULA SCHUETZ 2/22/02 941-283-3333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #