2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State
03-22-2004 90067 021 ****61.25

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

02242004 Chg-NP CR2E037 (10/03)

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

JOHNSON, PAULA
2701 CLEVELAND AVE., SUITE 10
FT MYERS, FL 33901

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P SHEULIN, MICHAEL PO BOX 488 MATLACHA, FL 33993	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☒ 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	D DAHLBERG, DALE 4974 NEEDLEFISH LANE ST JAMES CITY, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Grabowski, Thomas 3542 Pine Tree Dr St James City FL 33956	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHEUTZ, PAULA 12151 BOAT SHELL DR. CAPE CORAL, FL 33991	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Schuetz, Paula 2817 SW Embers Terr. Cape Coral FL 33991	☒ 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	VP EDWARDS, GARY 5050 ISLAND ACRES CT. SAINT JAMES CITY, FL 33956	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P	☒ Change ☐ 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: Paula J Schuetz 3/18/04 239-283-3333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #