

DOCUMENT # 762667

1/12/01

1. Entity Name

KIWANIS CLUB OF THE TRAILS, INC.

FILED
Feb 09, 2001 8:00 am
Secretary of State

01-12-2001 90014 031 ***61.25

Principal Place of Business
 131 EXECUTIVE CIRCLE
 STE. B
 DAYTONA BEACH FL 32114-1180
 US

Mailing Address
 131 EXECUTIVE CIRCLE
 STE. B
 DAYTONA BEACH FL 32114-1180
 US



DO NOT WRITE IN THIS SPACE

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

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number **59-2166728**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 GREGORY, PAULA M
 131 EXECUTIVE CIRCLE
 STE. B
 DAYTONA BEACH FL 32114-1180

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.

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

TITLE	P	<input type="checkbox"/> Delete
NAME	BAUGHMAN, FRED	
STREET ADDRESS	22 S BEACH ST.	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LUDLOW, BOB	
STREET ADDRESS	180 N. NOVA RD	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	VOLKER, LORENDA	
STREET ADDRESS	22 S BEACH ST	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	T/D	<input type="checkbox"/> Delete
NAME	GREGORY, PAULA M	
STREET ADDRESS	131 EXECUTIVE CIRCLE #B	
CITY-ST-ZIP	DAYTONA BEACH FL 32114-1180	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GLASS, SUSAN	
STREET ADDRESS	346 S PALMETTO AVE	
CITY-ST-ZIP	DAYTONA BEACH FL 32114-4920	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BARNEY, FRED	
STREET ADDRESS	533 N NOVA RD #214	
CITY-ST-ZIP	ORMOND BEACH FL 32174	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUGHMAN, FRED	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT / DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRET/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEVERONI, MARY-LU	
STREET ADDRESS	23 SHERRINGTON DR	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paula M. Gregory, Treas **PAULA M. GREGORY, TREAS** 1/8/01 904 257-7001

Date

Daytime Phone #

CR2037 (10/00)