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

## DOCUMENT # 762667

1. Entity Name

KIWANIS CLUB OF THE TRAILS, INC.



**FILED** Jan 13, 2003 8:00 am § Secretary of State

01-13-2003 90067 020 \*\*\*\*61.25

			1	WE TEE				
131 EXECUTIVE CIRCLE 13 STE. B S1 DAYTONA BEACH FL 32114-1180 D/		Mailing Address 131 EXECUTIVE CIRCLE STE. B DAYTONA BEACH FL 32 US	114-1180	1 /10/11 /10/1	A ANIA MANA ANNA ANNA ANA ANDRA	Fili dibir dibir	<b>Pra</b> ll <b>Pra</b> ll (40)	
2. Principal	Place of Business	3. Mailing Address	M. Br.					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number 59-2166728 Applied For			
Zip Country		Zip Country				-	Not Applicabl	
<del></del>	C Non- and the do		1	5. Certificate of	Status Desired	Fee Requi		
	6. Name and Address of Current I	Registered Agent	Name	7. Name and Ad	dress of New Registered	d Agent		
GREGORY, PAULA M				Name				
131 EXE	ECUTIVE CIRCLE		Street A	Address (P.O. Box Number is	P.O. Box Number is Not Acceptable)			
STE. B			<u></u>	· · · · · · · · · · · · · · · · · · ·		<del></del>	·	
DAYTON	NA BEACH FL 32114-1180		City			75-0		
8 The above	a named ontity outprite this state of the		1		Fi	L Zip Co		
the obliga	e named entity submits this statement for ations of registered agent.	the purpose of changing its	s registered office o	r registered agent, or both, i	n the State of Florida. I am	familiar with	n, and accept	
SIGNATURE								
	Signature, typed or printed name of registered agent an	id title if applicable. (NOT	E: Registered Agent signat	ure required when reinstating)	DATE			
Ž.	FILE NOW: FEE IS \$61.25	9. Election Ca Trust Fund (	mpaign Financing Contribution.	\$5.00 May Be Added to Fees	\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State			
10.	OFFICERS AND DIRE	CTORS	11.	ADDITIONS (CUANIS	)			
TITLE 😲	PD	<b>⊠</b> Delete		VP/D	SES TO OFFICERS AND D	IRECTORS II	N 10 Addition	
NAME	Ludlow, Bob   160 N. Nova Rd		NAME	BARRY BAKER		☐ Change	(X) Modition	
STREET ADDRESS CITY-ST-ZIP	ORMOND BECACH FL 32174		STREET ADDRESS	22 SOUTH BE				
TITLE	SD SD		CITY-ST-ZIP	ORMOND BLH,	FL 32174		_	
NAME	LEVERONI, MARY-LU	Delete	TITLE	SD LEWIS W SLAW	IGHTER	☐ Change	▲Addition	
STREET ADDRESS	23 SHERRINGTON DR.		NAME STREET ADDRESS	595 N NOVA	ROAD # 1070			
CITY-ST-ZIP	ORMOND BEACH FL 32174			ORMOND BLH				
TITLE	ID	☐ Delete	TITLE	DEMOND BEIL	, 1 C 3 & 1 / 7	☐ Change	Addition	
NAME	GREGORY, PAULA M		NAME			∟ Unange	L ACCIDION	
STREET ADDRESS CITY-ST-ZIP	131 EXECUTIVE CIRCLE #B DAYTONA BEACH FL 32114-1180		STREET ADDRESS					
TLE T	D		CITY-ST-ZIP					
IAME	STORM, KEITH	▲ Delete	TITLE NAME			☐ Change	☐ Addition	
TREET ADDRESS	4 LAUREL RIDGE		STREET ADDRESS					
ITY-ST-ZIP	ORMOND BEACH FL 32174		CITY-ST-ZIP					
ITLE	D COOTE TOTAL	☐ Delete	TITLE	PRESIDENT	<del></del>	Change	Addition	
AME	SCOTTI, JOHN		NAME			Jan Onlinge		
TREET ADDRESS	60 SUNNY SHORE DRIVE ORMOND BEACH FL 32176		STREET ADDRESS					
	OTHIOHO DEACH PL 321/6		CITY-ST-ZIP					
TLE AME		☐ Delete	TITLE			☐ Change	☐ Addition	
TREET ADDRESS			NAME STREET ADDRESS					
TREET ADDRESS			STREET ADDRESS					

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.

CITY-ST-ZIP

SIGNATURE:

BEDPAULA M GREGORY, TREAS 1/7/03 257-7001