

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 768744

1. Entity Name

KIWANIS CLUB OF GRACEVILLE, FLORIDA, INC.

Principal Place of Business

P.O. BOX 591
GRACEVILLE FL 32440
US

Mailing Address

P.O. BOX 591
GRACEVILLE FL 32440
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

JOHNSON, DONNA
RT. 2 BOX 194
GRACEVILLE FL 32440

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 NAME STREET ADDRESS CITY-ST-ZIP	P WATFORD, DAVID 5359 CEILEY ST. GRACEVILLE FL 32440	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WHEATLEY, DICK 5374 EZELL ST. GRACEVILLE FL 32440	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHNSON, DONNA 1440 REDDICK MILL ROAD GRACEVILLE FL 32440	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRAHAM, DONALD 5368 EZELL CT GRACEVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WICKSELL, HARRY 1070 8TH AVE. GRACEVILLE FL 32440	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICHOLS, TERRY 1200 SANDERS RD. GRACEVILLE FL 32440	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Cecil Jackson 5390 Brown St. Graceville, Fl. 32440	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Bill Hinds 5424 Ezell St. Graceville, Fl. 32440	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Martha (Penny) Williams 1242 Kevin Rd. Graceville, Fl. 32440	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T David Watford 5359 Ceiley St. Graceville, Fl. 32440	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John Turner 950 Prim Ave. Graceville, Fl. 32440	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Richard Wheatley 5374 Ezell St. Graceville, Fl. 32440	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Martha (Penny) Williams 1-15-01 850-263-4431
Date Daytime Phone # 87 2040

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90093 038 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

Attachment
D# 768744
607713

D. Chester Padgett
933 12th Ave
Greenville, FL 32440