2002 UNIFORM BUSINESS REPORT (UBR) FILED Feb 06, 2002 8:00 am **DOCUMENT # 768744** 1. Entity Name Secretary of State KIWANIS CLUB OF GRACEVILLE, FLORIDA, INC. 02-06-2002 90029 044 ****61.25 Principal Place of Business Mailing Address P.O. BOX 591 P.O. BOX 591 **GRACEVILLE FL 32440** GRACEVILLE FL 32440 エムやばわり IIS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 51-0245573 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent lliams, Martha Street Address (P.O. Box Number is Not Acceptable) JOHNSON, DONNA RT. 2 BOX 194 1242 **GRACEVILLE FL 32440** (raceul 16 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, d_r both, in the state of Florida. 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Change Delete TITLE ☐ Addition WATFORD, DAVID NAME NAME STREET ADDRESS 5359 CEILEY ST. STREET ADDRESS CITY-ST-ZIP GRACEVILLE FL 32440 CITY-ST-ZIP Jrgouille (-1 ☐ Delete TITLE ☐ Addition 💢 Change WHEATLEY, DICK NAME NAME 1094 White Ave-STREET ADDRESS 5374 EZELL ST. STREET ADDRESS CITY-ST-ZIP GRACEVILLE FL 32440 CITY-ST-7/P TITLE ☐ Delete ☐ Addition TITLE **☆** Change JOHNSON, DONNA NAME NAME STREET ADDRESS 1440 REDDICK MILL ROAD STREET ADDRESS 1242 Kevin RS CITY-ST-ZIP **GRACEVILLE FL 32440** CITY-ST-7IP Delete Change TITLE TITLE ■ Addition Graham, Donald NAME NAME STREET ADDRESS 5368 EZELL CT STREET ADDRESS CITY-ST-ZIP Graceville fl CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition WICKSELL, HARRY NAME d 3 3, STREET ADDRESS 1070 8TH AVE. STREET ADDRESS CITY-ST-ZIP **GRACEVILLE FL 32440** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NICHOLS, TERRY NAME NAME 1200 SANDERS RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GRACEVILLE FL 32440 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 REQUIRED matta

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

DIr. Turner, John 950 frim Ave-Graceville, Fl. 32440 Dot 768 744 20 115

1-17-02

Please note changesofficers and Directors
not changed last year
as mailed in- Thanks
for your attentionPenny William
Secretary
Kindmis Club of Liquidle

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