2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2005 8:00 am
Secretary of State
02-16-2005 90022 013 ****61.25

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1st MOORE CR2E037 (10/04)

DOCUMENT # 768744

1. Entity Name

KIWANIS CLUB OF GRACEVILLE, FLORIDA, INC.

Principal Place of Business	Mailing Address
P.O. BOX 591 GRACEVILLE FL 32440 US	P.O. BOX 591 GRACEVILLE FL 32440 US

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 51-0245573 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WICKSELL, CAROLYN
~~1070 8TH AVE.~~ P.O. Box 322 5369 Cotton St
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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS $61.25
Due By May 1, 2005

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	T WATFORD, DAVID 5365 CHERRY ST. GRACEVILLE FL 32440	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP OBAR, ARTHUR 1094 WHITE AVE GRACEVILLE FL 32440	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Jim Jines - VP 5390 Brown St Graceville FL 32440 ~~☐ Change~~ ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WICKSELL, CAROLYN ~~1070 8TH AVE~~ GRACEVILLE FL 32440	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ~~☐ Addition~~ (mailing address) P.O. Box 322 5369 Cotton St
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LONG, WILLIAM 5429 COLLEGE DR. GRACEVILLE FL 32440	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	John Thornton - President P.O. Box 127 GRACEVILLE FL 32440 ~~☐ Change~~ ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TURNER, JOHN B 125 WENTWORTH DR. DOTHAN AL 36302	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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: _____ DAVID M WATFORD 2-505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #