

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768744

FILED  
Feb 16, 2010  
Secretary of State

**Entity Name:** KIWANIS CLUB OF GRACEVILLE, FLORIDA, INC.

**Current Principal Place of Business:**

5374 EZELL ST.  
GRACEVILLE, FL 32440 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 591  
GRACEVILLE, FL 32440 US

**New Mailing Address:**

**FEI Number:** 51-0245573

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WHEATLEY, RICHARD  
5374 EZELL STREET  
GRACEVILLE, FL 32440 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: KING, CHRISTOPHER  
Address: 1195 10TH AVENUE  
City-St-Zip: GRACEVILLE, FL 32440

Title: VP  
Name: CHADWELL, DEREK  
Address: P. O. BOX 127  
City-St-Zip: GRACEVILLE, FL 32440

Title: T  
Name: GRAHAM, DON  
Address: 5368 EZELL STREET  
City-St-Zip: GRACEVILLE, FL 32440

Title: S  
Name: WHEATLEY, RICHARD  
Address: 5374 EZELL ST  
City-St-Zip: GRACEVILLE, FL 32440

Title: D  
Name: TURNER, JOHN B  
Address: 125 WENTWORTH DR.  
City-St-Zip: DOTHAN, AL 36302

Title: D  
Name: OBAR, ARTHUR  
Address: P. O. BOX 594  
City-St-Zip: GRACEVILLE, FL 32440

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHRISTOPHER KING

P

02/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date