

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jul 30, 2001 08:00 AM****Secretary of State****DOCUMENT # N00000002560**

1. Entity Name

KIWANIS CLUB OF BRONSON, FLORIDA, INC.

Principal Place of Business	Mailing Address
PO BOX 1567	PO BOX 1567
BRONSON FL 32621	BRONSON FL 32621

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number	Applied For
59-3275751	<input type="checkbox"/> Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GALYEAN PATRICIA L 355 S. COURT STREET BRONSON FL 32621 US	Name GALYEAN PATRICIA L Street Address (P.O. Box Number is Not Acceptable) 9150 NE 80TH AVE. City BRONSON FL Zip Code 32621

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	07/30/2001
Signature, typed or printed name of registered agent and title if applicable.	DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																								
<table border="0"><tr><td>TITLE</td><td>D</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>MILLER SPENCER</td><td></td></tr><tr><td>STREET ADDRESS</td><td>PO BOX 519</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>BRONSON FL 32621</td><td></td></tr></table>	TITLE	D	<input type="checkbox"/> Delete	NAME	MILLER SPENCER		STREET ADDRESS	PO BOX 519		CITY-ST-ZIP	BRONSON FL 32621		<table border="0"><tr><td>TITLE</td><td>D</td><td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td>LEGRAND RICHARD</td><td></td></tr><tr><td>STREET ADDRESS</td><td>P O BOX 1435</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>BRONSON FL 32621</td><td></td></tr></table>	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	LEGRAND RICHARD		STREET ADDRESS	P O BOX 1435		CITY-ST-ZIP	BRONSON FL 32621	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: RICHARD LEGRAND	DIR	07/30/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

CR2E037 (11/00)