

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002560

FILED
Jul 10, 2004
Secretary of State

Entity Name: KIWANIS CLUB OF BRONSON, FLORIDA, INC.

Current Principal Place of Business:

PO BOX 1567
BRONSON, FL 32621

New Principal Place of Business:

CRAFT'S FAMILY RESTAURANT
HATHAWAY AVE.
BRONSON, FL 32621

Current Mailing Address:

PO BOX 1567
BRONSON, FL 32621

New Mailing Address:

FEI Number: 59-3275751 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALYEAN, PATRICIA L
9150 NE 80TH AVE.
BRONSON, FL 32621 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: PD () Delete
Name: AKINS, FRANCIS
Address: P O BOX 277
City-St-Zip: BRONSON, FL 32621 US

Title: PDE () Delete
Name: FLANDERS, JERRY
Address: 7501 GALENA AVE
City-St-Zip: CITRUS SPRINGS, FL 34434 US

Title: VP () Delete
Name: REITZ, TOM
Address: 851 NE 136 PL
City-St-Zip: TRENTON, FL 32693 US

Title: SD () Delete
Name: GALYEAN, PATRICIA L
Address: PO BOX 425
City-St-Zip: BRONSON, FL 32621

Title: TD () Delete
Name: ROBBINS, WILMA C
Address: 51 PEACE DR.
City-St-Zip: BRONSON, FL 32621

Title: D () Delete
Name: COWART, PHYLLIS
Address: 13950 NE 80TH AVE.
City-St-Zip: NEWBERRY, FL 32669 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: REITZ, THOMAS
Address: 851 NE 136 PL
City-St-Zip: TRENTON, FL 32693 US

Title: PAST (X) Change () Addition
Name: FLANDERS, JERRY
Address: 7501 GALENA AVE.
City-St-Zip: CITRUS SPRINGS, FL 34434 US

Title: VP (X) Change () Addition
Name: HENRY, TRAVIS
Address: 4755 NE 167TH AVE.
City-St-Zip: WILLISTON, FL 32693 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: PATRICIA L. GALYEAN

SD

07/10/2004

Electronic Signature of Signing Officer or Director

Date