## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N00000002560

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

FILED Feb 09, 2003 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** PO BOX 1567 BRONSON, FL 32621 **Current Mailing Address: New Mailing Address:** PO BOX 1567 BRONSON, FL 32621 FEI Number: 59-3275751 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GALYEAN, PATRICIA L 9150 NE 80TH AVE. US BRONSON, FL 32621 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete LAMBKA, GEORGE AKINS, FRANCIS Name: Name: 11950 SE 30TH ST Address: P O BOX 277 Address: City-St-Zip: MORRISTON, FL 32668 US City-St-Zip: BRONSON, FL 32621 US Title: PDE () Delete Title: PDE (X) Change ( ) Addition AKINS, FRANCIS Name: FLANDERS, JERRY Name: Address: P O BOX 277 Address: 7501 GALENA AVE. City-St-Zip: BRONSON, FL 32621 City-St-Zip: CITRUS SPRINGS, FL 34434 US Title: () Delete Title: (X) Change ( ) Addition FLANDERS, JERRY REITZ, TOM Name: Name: Address: 7501 GALENA AVE. Address: 851 NE 136 PL City-St-Zip: CITRUS SPRINGS, FL 34434 City-St-Zip: TRENTON, FL 32693 US Title: SD ( ) Delete Title: () Change () Addition Name: GALYEAN, PATRICIA L Name: Address: PO BOX 425 Address: City-St-Zip: BRONSON, FL 32621 City-St-Zip: Title: () Delete Title: () Change () Addition ROBBINS, WILMA C Name: Name: 51 PEACE DR Address: Address: City-St-Zip: BRONSON, FL 32621 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition LEGRAND, RICHARD COWART, PHYLLIS Name: Name: Address: P O BOX 1435 Address: 13950 NE 80TH AVE BRONSON, FL 32621 NEWBERRY, FL 32669 US City-St-Zip: 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: PHYLLIS COWART D 02/09/2003

MAJOR STROUPE, DIRECTOR 3451 NE 100TH AVE BRONSON, FL 32621

CLIFF NORRIS, DIRECTOR 6050 NE 87TH TERR BRONSON, FL 32621

BILLY GOESS, DIRECTOR P O BOX 835 BRONSON, FL 32621

TOMMY DUNFORD, DIRECTOR P O BOX 1182 BRONSON, FL 32621

MAJOR STROUPE, DIRECTOR 3451 NE 100TH AVE

CLIFF NORRIS, DIRECTOR 6050 NE 87TH TERR BRONSON, FL 32621

BILLY GOESS, DIRECTOR P O BOX 835 BRONSON, FL 32621

TOMMY DUNFORD, DIRECTOR P O BOX 1182 BRONSON, FL 32621