`2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

UNIFORM BUSINESS REPORT (UBR)						FILED			
DOCUMENT # NOOOOOO7531 1. Entity Name KILLEARN KIWANIS CHARITIES, INCORPORATED					03 FEB -3 PH 1: 23 SECRETARY OF STATE FALLAHASSEE, FLORIDA				
Principal Place of Business 3485 HYDE PARK WAY TALLAHASSEE FL 32308		Mailing Address 3485 HYDE PARK WAY TALLAHASSEE FL 32308			1/	ALLAHASSEE EI	STATE LORIDA		
2. Principal Place of Business		3. Mailing Address		-					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		·	CHECK HERE IF MAKING CHANGES				
City & State		City & State		4. FEI Number 59-3683882			applied For lot Applicable		
Zip Country		Zip	Country	1	5. Certificate of S	tatus Desired	¢9.75	ditional	
	6. Name and Address of Current	Registered Agent		············	7. Name and Add	iress of New Registe	ered Agent		
HOOPER	Name								
3485 HY	DE PARK WAY		Street	Street Address (P.O. Box Numb		Not Acceptable)			
IALLAHA	ASSEE FL 02000								
			City				FL Zip Coo	てのせ	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								2 <u>3</u>	
FILE NOW: FEE IS \$61.25		Trust Fund Co	Trust Fund Contribution.		\$5.00 May Be Added to Fees		neck Payable partment of S		
10.	OFFICERS AND DIF		11.	A	DDITIONS/CHANG	ES TO OFFICERS AN	D DIRECTORS IN	J 10	
	HOOPER, HARRY L 3485 HYDE PARK WAY	☐ Delete	NAME STREET ADDRESS				Change	☐ Addition	
CITY-ST-ZIP	TALLAHASSEE FL 32308	F1111	CITY-ST-ZIP		. <u>-</u> .		328	(09	
TITLE NAME	FULLER, BEN	☐ Delete	TITLE NAME				Change	☐ Addition	
STREET ADDRESS	3504 FOBGARTY DR		STREET ADDRESS			012329 01103001	25 <u>0</u>		
CITY-ST-ZIP	TALLAHASSEE FL 32312		CITY-ST-ZIP		02711705	01102001	**51.25		
TITLE NAME	D Bufton, Earl	☐ Delete	TITLE	b			Change	Addition	
STREET ADDRESS	4842 KILKERAINE DR		NAME STREET ADDRESS	고이	HW ROBI	ie ibi wi	a. u		
CITY-ST-ZIP	TALLAHASSEE FL 32308		CITY-ST-ZIP	74	LLAHA	SSEE	72709	,	
TITLE	D HIGGINS, BERNIE -	☐ Delete	TITLE	10	•		☐ Change	Addition	
NAME STREET ADDRESS	2320 FOLEY DR		NAME STREET ADDRESS	W. L	RVIN D	1 CO CT			
CITY-ST-ZIP	TALLAHASSEE FL 32308		CITY-ST-ZIP				7. 7.4		
TITLE	D	☐ Delete	TITLE	-171	1 ahas		32,309 — Change	Addition	
NAME	SMITH, DON		NAME						
STREET ADDRESS CITY-ST-ZIP	3207-9 SHAMROCK E TALLAHASSEE FL 32308		STREET ADDRESS CITY-ST-ZIP						
TITLE		☐ Delete	TITLE	<u> </u>			☐ Change	Addition	
NAME STREET ADDRESS			NAME OTDEET ADDRESS						
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						

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:

Jan 15, Del 3 488-9675