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FILED
Jan 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N00502** (7)

1. Corporation Name

KIWANIS CLUB OF TALLAHASSEE-KILLEARN, FLORIDA, INC.



Principal Place of Business 1009 ATLAMONT DR TALLAHASSEE FL 32312 US	Mailing Address 1003 ALTAMONT DR TALLAHASSEE FL 32312 US
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3. Date Incorporated or Qualified

12/21/1983

4. FEI Number

59-2263033

Applied For

Not Applicable

2. Principal Place of Business

21 1430 Denholm Dr

Suite, Apt. #, etc.

22

2a. Mailing Address

26 1430 Denholm Drive

Suite, Apt. #, etc.

27

City & State

23 Tallahassee FL

Zip

24 32312

Country

25 US

City & State

28 Tallahassee FL

Zip

29 FL

Country

30 32312

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**4 LUEBKEMANN, GEOFFREY G
1003 ALTAMONT DR
TALLAHASSEE FL 32312**

10. Name and Address of New Registered Agent

81 Name	BENJAMIN R. FULLER
82 Street Address (P.O. Box Number is Not Acceptable)	1430 Denholm Drive
83	
84 City	Tallahassee FL
85 Zip Code	32312

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/9/98

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COLMERY, BEN	
STREET ADDRESS	3441 JOHNATHONS LANDING	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	EASTERBROOK, GEORGE	
STREET ADDRESS	1802 ATLANTIS PLACE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	FULLER, BENJAMIN R.	
STREET ADDRESS	1430 DENHOLM DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	TO	<input checked="" type="checkbox"/> DELETE
NAME	LUEBKEMANN, GEOFFREY G	
STREET ADDRESS	1003 ALTAMONT DR	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	JANCURA, RON	
STREET ADDRESS	3053 O'BRIEN DR	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	S JOHN KERWIN
1.3 STREET ADDRESS	3172 Brockton Way
1.4 CITY-ST-ZIP	Tallahassee FL 32312
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	T BERNIE HIGGINS
2.3 STREET ADDRESS	3329 FOLEY DRIVE
2.4 CITY-ST-ZIP	Tallahassee FL 32308
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PD
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

850-385-1967

CR2E037 (10/97)