


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90089 017 \*\*\*\*61.25

0008545

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N00502**

1. Corporation Name

**KIWANIS CLUB OF TALLAHASSEE-KILLEARN, FLORIDA, I NC.**

Principal Place of Business

**1430 DENHOLM DRIVE  
 TALLAHASSEE FL 32312  
 US**

Mailing Address

**1430 DENHOLM DRIVE  
 TALLAHASSEE FL 32312  
 US**



2. Principal Place of Business

**21**  
 Suite, Apt. #, etc.

2a. Mailing Address

**26**  
 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

**12/21/1983**

4. FEI Number

**59-2263033**

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

24 Zip

Country

28 Zip

Country

6. Election Campaign Financing ☐

**\$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

**FULLER, BENJAMIN R  
 1430 DENHOLM DRIVE  
 TALLAHASSEE FL 32312**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
 NAME **S KERWIN, JOHN**  
 STREET ADDRESS **3172 BROCKTON WAY**  
 CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE ☐ DELETE  
 NAME **T HIGGINS, BERNIE**  
 STREET ADDRESS **3329 FOLEY DRIVE**  
 CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☐ DELETE  
 NAME **PD FULLER, BENJAMIN R.**  
 STREET ADDRESS **1430 DENHOLM DRIVE**  
 CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☒ DELETE  
 NAME **PD JANCURA, RON**  
 STREET ADDRESS **3053 O'BRIEN DR**  
 CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition  
 4.2 NAME **PD LUEBKEMANN, CELIA**  
 4.3 STREET ADDRESS **3004 BROOKMONT**  
 4.4 CITY-ST-ZIP **Tallahassee, FL 32312**

5.1 TITLE ☐ Change ☐ Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**1/5/99**

**(850) 385-1907**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)