

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

**FILED**  
**Jul 14, 2003 8:00 am**  
**Secretary of State**

0004232

**DOCUMENT # N02000001378**

1. Entity Name

**KIWANIS CLUB OF PORT ST. JOHN, INC.**



05-05-2003 90719 036 \*\*\*\*61.25

07-14-2003 90329 010 \*\*\*\*61.25

Principal Place of Business

**360 MAPLE PLACE  
TITUSVILLE FL 32780**

Mailing Address

**360 MAPLE PLACE  
TITUSVILLE FL 32780**

2. Principal Place of Business

**1165 FAY BLVD.**

3. Mailing Address

**1165 FAY BLVD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**PORT ST. JOHN, FL.**

City & State

**PORT ST. JOHN, FL.**

Zip

**32927**

Country

Zip

**32927**

Country

4. FEI Number

**59-3746992**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BAUM, GARY E  
360 MAPLE PLACE  
TITUSVILLE FL 32780**

7. Name and Address of New Registered Agent

Name

**DAVID McMURRIN**

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

**6075 BALBOA ST.**

City

**PORT ST. JOHN**

**FL**

Zip Code

**32927**

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]*

**David G McMurrin**

**July 10, 2003**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BAUM, GARY E</b>	
STREET ADDRESS	<b>360 MAPLE PLACE</b>	
CITY-ST-ZIP	<b>TITUSVILLE FL 32780</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BROOKENS, ERIC V</b>	
STREET ADDRESS	<b>2352 MIDDLECOFF CT</b>	
CITY-ST-ZIP	<b>TITUSVILLE FL 32780</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MORAN, ANGELISA G</b>	
STREET ADDRESS	<b>6466 FAIRCHILD AVE</b>	
CITY-ST-ZIP	<b>COCOA FL 32927</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>McMurrin, DAVID</b>	
STREET ADDRESS	<b>6075 BALBOA STREET</b>	
CITY-ST-ZIP	<b>PORT ST. JOHN, FLORIDA 32927</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PARRISH, DANIEL</b>	
STREET ADDRESS	<b>1165 FAY BLVD.</b>	
CITY-ST-ZIP	<b>PORT ST. JOHN, FL 32927</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:**

*[Signature]*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**July 8, 2003 321-631-0183**  
Date Daytime Phone #

CR2E037 (4/03)