

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 24, 2002 8:00 am**  
**Secretary of State**

07-24-2002 90141 049 \*\*\*\*70.00

**DOCUMENT # N10258**

1. Entity Name

**KIWANIS CLUB OF THE PLAYGROUND AREA, INC.**

Principal Place of Business

**64 SHALIMAR DRIVE  
 SHALIMAR FL 32579  
 US**

Mailing Address

**KIWANIS CLUB OF PLAYGROUND AREA  
 P.O. BOX 4652  
 FORT WALTON BEACH FL 32549  
 US**

2. Principal Place of Business

3. Mailing Address

**315 Hollywood Blvd**

**Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Mary Esther, FL.**

City & State

City & State

**Zip 32569**

**Country USA**

Zip

Country

4. FEI Number

**59-6569622**

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PARKER, JIM  
 64 SHALIMAR DRIVE  
 SHALIMAR FL 32579**

7. Name and Address of New Registered Agent

Name **Donnie Dodd**

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

**713 Overbrook Dr.**

**FWB**

**FL**

City

**FL**

Zip Code

**32547**

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

**Donnie Dodd**

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

**Donnie Dodd**

(NOTE: Registered Agent signature required when reinstating)

**7/08/02**

DATE

**After September 13, 2002,  
 min. will be \$236.25.**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

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

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D**  
 NAME **GASPARRISON, RICHARD**  
 STREET ADDRESS **42 POOMTO RD**  
 CITY-ST-ZIP **SHALIMAR FL 32579** ☒ Delete

TITLE **P**  
 NAME **PARKER, JIM**  
 STREET ADDRESS **64 SHALIMAR DRIVE**  
 CITY-ST-ZIP **SHALIMAR FL 32579** ☒ Delete

TITLE **T**  
 NAME **WOLFE, KATHY**  
 STREET ADDRESS **25 CALXPO STREET**  
 CITY-ST-ZIP **MARY ESTHER FL 32569** ☒ Delete

TITLE **S**  
 NAME **LEFFEY, SUE**  
 STREET ADDRESS **1931 ESTIVAL ST**  
 CITY-ST-ZIP **FORT WALTON BEACH FL 32547** ☐ Delete

TITLE **D**  
 NAME **STEWART, TOM**  
 STREET ADDRESS **945 F ASHLEY LANE**  
 CITY-ST-ZIP **FORT WALTON BEACH FL 32547** ☐ Delete

TITLE **D**  
 NAME **MOSEY, JEFF**  
 STREET ADDRESS **69 OLD CYPRESS**  
 CITY-ST-ZIP **FORT WALTON BEACH FL 32548** ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Treasurer**  
 NAME **Shirley Young**  
 STREET ADDRESS **315 Hollywood Blvd.**  
 CITY-ST-ZIP **Mary Esther, FL. 32569** ☐ Change ☒ Addition

TITLE **Secretary**  
 NAME **Sharon Davis**  
 STREET ADDRESS **412 B Sea Rover Lane**  
 CITY-ST-ZIP **FWB, FL 32548** ☐ Change ☒ Addition

TITLE **Director**  
 NAME **Barbara Phillips**  
 STREET ADDRESS **623 Camore Ave**  
 CITY-ST-ZIP **FWB, FL 32547** ☐ Change ☒ Addition

TITLE **Kathie Dodd Director**  
 NAME **Kathie Dodd**  
 STREET ADDRESS **413 Overbrook Dr.**  
 CITY-ST-ZIP **FWB, FL 32547** ☐ Change ☒ Addition

TITLE   
 NAME   
 STREET ADDRESS   
 CITY-ST-ZIP  ☐ Change ☐ Addition

TITLE   
 NAME   
 STREET ADDRESS   
 CITY-ST-ZIP  ☐ Change ☐ Addition

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:

**Shirley J. Young** **Shirley J. Young (Treasurer)** **7/2/02**

**850-581-0011**

CR2E037 (4/02)