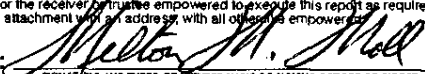


FILED
May 13, 2003 8:00 am
Secretary of State

05-13-2003 90053 013 ****61.25

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

DOCUMENT # N18023			
1. Entity Name KIWANIS CLUB OF HOLIDAY, INC.			
Principal Place of Business % ERNEST G. COLE 5207 MARINE PKWY NEW PORT RICHEY, FL 34652		Mailing Address % ERNEST G. COLE 5207 MARINE PKWY NEW PORT RICHEY, FL 34652	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 51-0248443		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COLE, ERNEST G 5207 MARINE PKWY NEW PORT RICHEY, FL 34652		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when registering.) DATE _____			
FILE NOW FEE IS \$61.25		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 NAME STREET ADDRESS CITY-ST-ZIP	D PAGANO, MICHAEL A 1013 BAY VISTA DRIVE TARPOIN SPRINGS, FL 34689 ☐ Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLFENDEN, ROBERT 8429 ASHFORD PLACE NEW PORT RICHEY, FL 34655 ☐ Delete	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOLL, MILTON M 16726 BRENDA ST HUDSON, FL 34667 ☐ Delete	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EDWARDS, HAROLD 5011 HERE FORD DR NEW PORT RICHEY, FL 34655 ☐ Delete	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURKE, THOMAS A 4936 US HIGHWAY 19 NEW PORT RICHEY, FL 34652 ☐ Delete	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GLOVER, HOWELL D 4530 FT SHAW DRIVE NEW PORT RICHEY, FL 34655 ☐ Delete	☐ 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 517, 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 officers empowered.			
SIGNATURE: 		4/30/03 727 819 8929	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MILTON M. MOLL		Date Daytime Phone # EXT 8334	

90133788



☐ CHECK HERE IF MAKING CHANGES

CFR2E037 (10/02)