

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90397 012 ****70.00

DOCUMENT # N19600

1. Entity Name

KIWANIS CLUB OF GOLDEN GATE, NAPLES, FLORIDA, IN

Principal Place of Business

PO BOX 990207
 NAPLES FL 34116

Mailing Address

PO BOX 990207
~~2172 41ST TERRACE SOUTH WEST~~
 NAPLES FL 34116

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

59-6208742

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HILD, JACK
3355 BOCA COEGA DR
NAPLES FL 34112

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.

SIGNATURE

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**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DD** ☐ Delete
 NAME **TILL, GENEVA**
 STREET ADDRESS **2164 42ND ST SW PO BOX 990116**
 CITY-ST-ZIP **NAPLES FL**

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

TITLE **D** ☐ Delete
 NAME **WELBORN, SAM**
 STREET ADDRESS ~~315 NURSERY LN~~
 CITY-ST-ZIP **NAPLES FL**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **4293 2TH COURT S.W. #102**
 CITY-ST-ZIP **NAPLES, FL 34116**

TITLE **D** ☐ Delete
 NAME **GOFORTH, RICHARD**
 STREET ADDRESS **161 SAND DR**
 CITY-ST-ZIP **NAPLES FL**

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

TITLE **P** ☐ Delete
 NAME **SNYDER, BRAD**
 STREET ADDRESS **1740 45TH ST SW**
 CITY-ST-ZIP **NAPLES FL 34116**

TITLE ☐ Change ☒ Addition
 NAME **P**
 STREET ADDRESS **CONNIE HENNINK**
 CITY-ST-ZIP **4397 21ST AVE S.W.**
NAPLES, FL 34116

TITLE **SD** ☐ Delete
 NAME **HILD, JACK**
 STREET ADDRESS **3395 BOCA CIEGA DR**
 CITY-ST-ZIP **NAPLES FL 34112**

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

TITLE **TD** ☐ Delete
 NAME **WILLIAM SALMON**
 STREET ADDRESS **4285 29TH PLACE S.W.**
 CITY-ST-ZIP **NAPLES FL**

TITLE ☐ Change ☐ 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:

WILLIAM SALMON
WILLIAM SALMON

5/16/01

(241) 455-8056

CR2E037 (10/00)