


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2004 08:00 AM
Secretary of State

DOCUMENT # N20475 1. Entity Name PERRY KIWANIS CLUB, INC.	
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Principal Place of Business PO BOX 911 PERRY, FL 32347	Mailing Address PO BOX 911 PERRY, FL 32347
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DO NOT WRITE IN THIS SPACE



01062004 . No Chg-NP CR2E037 (10/03)

4. FEI Number 59-6151479	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WILLIAMS, GILBERT
810 SOUTHWOOD DRIVE
PERRY, FL 32348

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution... ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOPKINS, JAN 1272 LANGFORD LANE PERRY, FL 32348
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BETHEA, CLAY 6369 HWY 19 S PERRY, FL 32348
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASSETT, JAMES, JR. 127 SPRINGHILL RD. PERRY, FL 32347
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCKNIGHT, JIM 407 E ASH STREET PERRY, FL 32347
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOYER, KARL JR 304 GLENRIDGE RD PERRY, FL 32348
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILLIAMS, GILBERT 810 SOUTHWOOD DRIVE PERRY, FL 32348

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01/07/04-80002-001 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Gilbert Williams 1/6/04 850-584-3002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #