

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

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90136 025 ****61.25

DOCUMENT # N20475

1. Entity Name

PERRY KIWANIS CLUB, INC.



Principal Place of Business

**PO BOX 911
PERRY FL 32347**

Mailing Address

**PO BOX 911
PERRY FL 32347**

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 **59-6151479**

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

**WILLIAMS, GILBERT
810 SOUTHWOOD DRIVE
PERRY FL 32348**

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **S HOPKINS, JAN**
STREET ADDRESS **1272 LANGFORD LANE**
CITY-ST-ZIP **PERRY FL 32348**

TITLE ☐ Delete
NAME **P BETHEA, CLAY**
STREET ADDRESS **6369 HWY 19 S**
CITY-ST-ZIP **PERRY FL 32348**

TITLE ☐ Delete
NAME **D BASSETT, JAMES, JR.**
STREET ADDRESS **127 SPRINGHILL RD.**
CITY-ST-ZIP **PERRY FL 32347**

TITLE ☐ Delete
NAME **D MCKNIGHT, JIM**
STREET ADDRESS **407 E ASH STREET**
CITY-ST-ZIP **PERRY FL 32347**

TITLE ☒ Delete
NAME **D CHILDS, ROBERT**
STREET ADDRESS **116 PINE TREE ROAD**
CITY-ST-ZIP **PERRY FL**

TITLE ☐ Delete
NAME **T WILLIAMS, GILBERT**
STREET ADDRESS **810 SOUTHWOOD DRIVE**
CITY-ST-ZIP **PERRY FL 32348**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **Betha, Clay**
CITY-ST-ZIP **6369 Hwy 19S, Perry, FL 32348**

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

TITLE ☒ Change ☐ Addition
NAME **P**
STREET ADDRESS **McKnight, Jim**
CITY-ST-ZIP **407 E Ash Street
Perry, FL 32347**

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **Stoyer, Karl Jr.**
CITY-ST-ZIP **304 Glenridge Road
Perry, FL 32348**

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:

Gilbert Williams, Treas. 1/15/03 850-584-3002

CR2E037 (10/02)