

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

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90073 045 ****61.25

DOCUMENT # N22965

1. Entity Name
KIWANIS CLUB OF GREATER HAINES CITY, FLORIDA, IN C.

Principal Place of Business
**136 SOUTH 6TH STREET
HAINES CITY FL 33844**

Mailing Address
**PO BOX 905
HAINES CITY FL 33845-0905**

2. Principal Place of Business
COMMON GROUND

3. Mailing Address

Suite, Apt. #, etc.
31 N 6TH STREET

Suite, Apt. #, etc.

City & State
HAINES CITY FL

City & State

4. FEI Number **59-1695483** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**WILSON, THOMAS M
166 DARTMOUTH DRIVE
HAINES CITY FL 33844**

7. Name and Address of New Registered Agent
Name **ALCIDE G. NADEAU**
Street Address (P.O. Box Number is Not Acceptable)
773 CENTER CREST BLVD
City **DAVENPORT** FL Zip Code **33837**

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 *Alcide G. Nadeau* DATE **Jan 21, 03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)



CHECK HERE IF MAKING CHANGES

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NADEAU, ALCIDE 773 CENTER CREST BLVD DAVENPORT FL 33837	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIDENER, LAWRENCE 9 SANDALWOOD DRIVE DAVENPORT FL 33837	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COTHER, PATRICK 526 AVE H, SE WINTER HAVEN FL 33880	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLEMONS, DAN 1510 NORTH 26TH TERRANCE HAINES CITY FL 33844	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Delete READ, JAMES 1014 AQUA VISTA DR HAINES CITY FL 33844	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PILGRIM, OWEN 211 EDELWEISS DRIVE WINTER HAVEN FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <input type="checkbox"/> Delete WILSON, THOMAS M 166 DARTMOUTH DRIVE HAINES CITY FL 33844	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: *ALCIDE G. NADEAU* *Alcide G. Nadeau* 1/21/03 863-421-4329

CR2E037 (10/02)