

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 05, 2007 8:00 am**  
**Secretary of State**

01-05-2007 90029 050 \*\*\*\*61.25

**DOCUMENT # N31228**

1. Entity Name  
**TALLAHASSEE KIWANIS CLUB FOUNDATION, INC.**



Principal Place of Business  
**1104 KENILWORTH RD  
TALLAHASSEE, FL 32312 US**

Mailing Address  
**PO BOX 1722  
TALLAHASSEE, FL 32303 US**

**40000025**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042007

Chg-NP

CR2E037 (12/06)

4. FEI Number  
**59-2970951**

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

**GUEMPLE, RANDY  
293 THORNBERG DR.  
TALLAHASSEE, FL 32312**

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

**Filing Fee is \$61.25  
Due by May 1, 2007**

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  
**D3  
ASKINS, JEFF  
1952 CHARLAIS STREET  
TALLAHASSEE, FL 32317** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
BILL HILAMAN  
3002 BRANDEMERE  
TALLAHASSEE FL 32312** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
NORTHCUTT, MARK  
1104 KENILWORTH RD  
TALLAHASSEE, FL 32312** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
CRAIG, JOHN  
3116 ANSLEY PARK DRIVE  
TALLAHASSEE, FL 32309** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
EDNA OWENS  
511 N. MERIDIAN  
TALLAHASSEE FL 32301** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D3  
SHANK, NANCY  
6082 GASCONY LANE  
TALLAHASSEE, FL 32309** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
D** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
APPLEMAN, CARLOTTA  
401 SOUTH RIDE  
TALLAHASSEE, FL 32303** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BOB ALLEN  
2303 ARMISTEAD RD  
TALLAHASSEE FL 32308** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
PAYNE, DORIS  
186 NE VILLAS CT  
TALLAHASSEE, FL 32303** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
CHARLES PODSON  
215 DELTA CT  
TALLAHASSEE FL 32303** ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

*Mark Northcutt*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**1/4/07**

Daytime Phone #

**850 386 8310**