2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

FILED Jan 30, 2001 8:00 am Secretary of State DOCUMENT # N31398 1. Entity Name FLAGLER, PALM COAST, KIWANIS FOUNDATION, INC. 01-30-2001 90226 001 ****61.25 Principal Place of Business Mailing Address 7 BLACKTHORN COURT P.O. BOX 350423 PALM COAST FL 32137 PALM COAST FL 32135-0423 VAVIOU 2. Principal Place of Business 3. Mailing Address 100 KIWANIS Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State PALM City & State 4. FEI Number Applied For 59-2941424 LORIDA DAST Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HALL, RICHARD S 7 BLACKTHORN COURT PALM COAST FL 32137 Zip Code FL 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. (NOTE: Registered Agent signature required when reinstating FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE MANACER TITLE ☐ Delete Change ☐ Addition NAME HALL, RICHARD NAME STREET ADDRESS 7 BLACKTHORN CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM COAST FL TITLE Delete Change TITLE TREASURER ☐ Addition PICHARD CONKLING 5207 S. JOHN ANDERSON NAME MCCOPPIN, NEAL R NAME STREET ADDRESS 17 PATUXENT LANE STREET ADDRESS FLABLER BEACH FL 32136 CITY-ST-ZIP PALM COAST FL 32164 CITY-ST-ZIP DIRECTOR MARILYN CALDER ARO TITI F Delete TITLE Change ☐ Addition BEDELL, ROBERT NAME NAME 24 BARBORA LANG STREET ADDRESS 5 WHITTLE PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP PALM COAST FL 32164 TITLE ☐ Delete TITLE ☐ Chance ☐ Addition BEHME, KURT NAME NAME STREET ADDRESS 10 MID PINE CIRCLE STREET ADDRESS CITY-ST-7IP PALM COAST FL 32137 CITY-ST-ZIP Delete DIRECTOR TITLE TITLE Change WRAY, BURNARD Addition MCCLOWERY, RICHARD NAME NAME 35 BARRINGTON DRIVE STREET ADDRESS PO BOX 350423 STREET ADDRESS CITY-ST-ZIP PALM COAST FL PALM COAST FL 32135 CITY-ST-ZIP TITI F TITLE ☐ Delete Change ☐ Addition VENNE, WILLIAM NAME NAME STREET ADDRESS 27 BECKER LANE STREET ADDRESS CITY-ST-ZIP PALM COAST FL 32137 CITY-ST-7/P 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