

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

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90081 005 \*\*\*\*61.25

**DOCUMENT # N37003**

1. Entity Name

**KIWANIS CLUB OF PALATKA FOUNDATION, INC.**



Principal Place of Business

**P O BOX 313  
PALATKA FL 32178-0313**

Mailing Address

**P O BOX 313  
PALATKA FL 32178-0313**

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 **59-3025675**

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

**TOWNSEND, WILLIAM L ESQ  
200 REID STREET  
PALATKA FL 32177**

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

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete  
NAME **TINGLE, CAROLINE**  
STREET ADDRESS **2509 FAIRWAY DR**  
CITY-ST-ZIP **PALATKA FL 32177**

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

TITLE **VD** ☐ Delete  
NAME **SEASHORE, GREG**  
STREET ADDRESS **PO BOX 957**  
CITY-ST-ZIP **WELAKA FL 32193**

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

TITLE **D** ☐ Delete  
NAME **WIMBERLY, JUDY**  
STREET ADDRESS **200 LAND ST**  
CITY-ST-ZIP **PALATKA FL 32177**

TITLE ☐ Change ☐ Addition  
NAME **Treasure**  
STREET ADDRESS **Wimberley, Judy**  
CITY-ST-ZIP **200 Reid St**  
**Palatka FL 32177**

TITLE **D** ☐ Delete  
NAME **FRENCH, VALERIE**  
STREET ADDRESS **4529 HUDSON ST**  
CITY-ST-ZIP **PALATKA FL 32177**

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

TITLE **D** ☐ Delete  
NAME **BREY, JACOB H JR**  
STREET ADDRESS **PO BOX 129**  
CITY-ST-ZIP **LAKE COMO FL 32157**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 another like empowered.

SIGNATURE: *Judy Wimberly*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**386**  
**1-27-03 & 329-1170**

CR2E037 (10/02)