

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

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90431 003 \*\*\*\*61.25

**DOCUMENT # N47845**

1. Entity Name

**KIWANIS CLUB OF INDIAN RIVER, VIERA, FLORIDA, IN C.**



Principal Place of Business

**1853 THESY DR  
MELBOURNE FL 32940  
US**

Mailing Address

**1853 THESY DR  
MELBOURNE FL 32940  
US**

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 **65-0196261**

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

7. Name and Address of New Registered Agent

**LANGGUTH, GEORGE S.  
THE FLORIDA DISTRICT OF KIWANIS INTL  
5545 BENCHMARK LANE  
SANFORD FL 32773**

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 **MATHEWS, DOROTHY**  
STREET ADDRESS **1488 GOLDRUSH AVE**  
CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE **P** ☒ Change ☐ Addition  
NAME **Donald Adams**  
STREET ADDRESS **6183 ANCHOR LANE**  
CITY-ST-ZIP **Rockledge, FL 32955**

TITLE **VP** ☐ Delete  
NAME **ADAMS, DON**  
STREET ADDRESS **6325 ANCHOR LANE**  
CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE **VP** ☐ Change ☒ Addition  
NAME **MARY BORGER**  
STREET ADDRESS **2687 BAYEAU**  
CITY-ST-ZIP **MELBORNE, FL 32940**

TITLE **D** ☐ Delete  
NAME **COSEO, JOHN**  
STREET ADDRESS **1946 INDEPENDENCE AVE**  
CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE **D** ☐ Change ☒ Addition  
NAME **AYAD SAAD**  
STREET ADDRESS **1630 WILMINGTON DR**  
CITY-ST-ZIP **MELBOURNE, FL 32940**

TITLE **S** ☐ Delete  
NAME **TOWNSEND, JAMES M.**  
STREET ADDRESS **1853 THESY DR**  
CITY-ST-ZIP **MELBOURNE FL**

TITLE **S** ☐ Change ☐ Addition  
NAME **JAMES M. TOWNSEND**  
STREET ADDRESS **1853 THESY DRIVE**  
CITY-ST-ZIP **MELBOURNE, FL 32940**

TITLE **T** ☐ Delete  
NAME **SHETTENHELM, KARL**  
STREET ADDRESS **1544 HERITAGE COURT**  
CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE **T** ☐ Change ☐ Addition  
NAME **KARL SHETTENHELM**  
STREET ADDRESS **1544 HERITAGE COURT**  
CITY-ST-ZIP **MELBOURNE, FL 32940**

TITLE **D** ☐ Delete  
NAME **KETCHUM, ED**  
STREET ADDRESS **1629 OLD GLORY**  
CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE **D** ☐ Change ☐ Addition  
NAME **ED KETCHUM**  
STREET ADDRESS **1629 OLD GLORY**  
CITY-ST-ZIP **MELBOURNE, FL 32940**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAMES M. TOWNSEND 01/08/03**

CR2E037 (10/02)