

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 05, 2008 8:00 am
Secretary of State

08-05-2008 90003 038 ****61.25

DOCUMENT # N93000000840

1. Entity Name
KIWANIS CLUB OF THE UNIVERSITY CITY, INC.



Principal Place of Business
**10425 SW 48 PL
GAINESVILLE, FL 32608 US**

Mailing Address
**P.O. BOX 147050 PMB 363
GAINESVILLE, FL 32614 US**

40112663



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07152008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-6153456

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**WARD, JOHN F
10425 SW 48 PLACE
GAINESVILLE, FL 32608**

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 September 12, 2008**

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 ☒ Delete
NAME **T MCIVER, HELEN**
STREET ADDRESS **14506 NW 20TH TERR**
CITY-ST-ZIP **HIGH SPRINGS, FL 32643**

TITLE ☐ Change ☒ Addition
NAME **P SIRAJ, SHARIQ**
STREET ADDRESS **9503 SW 51 RD**
CITY-ST-ZIP **Gainesville, FL 32608-4195**

TITLE ☒ Delete
NAME **P CRAPO, SHEILA**
STREET ADDRESS **17722 SE 59TH STREET**
CITY-ST-ZIP **MICANOPY, FL 32667**

TITLE ☐ Change ☒ Addition
NAME **V CHILDS, GINGER**
STREET ADDRESS **3916 SW 69 Ave**
CITY-ST-ZIP **Gainesville, FL 32608**

TITLE ☒ Delete
NAME **S CHILDS, VIRGINIA**
STREET ADDRESS **3916 SW 69TH AVENUE**
CITY-ST-ZIP **GAINESVILLE, FL 32608**

TITLE ☐ Change ☒ Addition
NAME **S BUTZ, JESSE**
STREET ADDRESS **2136 NW 28 ST**
CITY-ST-ZIP **Gainesville, FL 32605**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **T KIESZAK, LARRY**
STREET ADDRESS **6302 NW 18 Ave**
CITY-ST-ZIP **Gainesville, FL 32605**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

Larry Kieszak
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/08
Date

352-378-2462
Daytime Phone #