

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

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90109 030 ****61.25

DOCUMENT # N93000002268

1. Entity Name
KIWANIS CLUB OF DESTIN, INC.



Principal Place of Business
**KELLY PLANTATION GOLF CLUB
307 KELLY PLANTATION DR
DESTIN FL 32541
US**

Mailing Address
**P.O. BOX 1360
DESTIN FL 32540**

60011621



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3168292**

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

**HICKS, PEGGY A.
1759 UNION AVENUE
NICEVILLE FL 32578**

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 **V** ☐ Delete
NAME **HICKS, PEGGY**
STREET ADDRESS **1759 UNION AVENUE**
CITY-ST-ZIP **NICEVILLE FL 32578**

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

TITLE **P** ☒ Delete
NAME **MADDEN, PAT**
STREET ADDRESS **P.O. BOX 5622**
CITY-ST-ZIP **DESTIN FL 32540**

TITLE **Vice President** ☐ Change ☒ Addition
NAME **Bill Head**
STREET ADDRESS **2050 Kildare Circle**
CITY-ST-ZIP **Niceville, FL 32578**

TITLE **D** ☐ Delete
NAME **WOOLLARD, SLAYTON**
STREET ADDRESS **195 BEACH DR E**
CITY-ST-ZIP **DESTIN FL**

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

TITLE **D** ☒ Delete
NAME **SUTTON, RUDY**
STREET ADDRESS **3831 INDIAN TRAIL**
CITY-ST-ZIP **DESTIN FL 32541**

TITLE **D** ☐ Change ☒ Addition
NAME **Gail Blankenship**
STREET ADDRESS **120 BENNING DR.**
CITY-ST-ZIP **Destin, FL 32541**

TITLE **D** ☐ Delete
NAME **WILLIAMS, TOMMY**
STREET ADDRESS **835 KELL-AIRE DRIVE**
CITY-ST-ZIP **DESTIN FL 32541**

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

TITLE **D** ☐ Delete
NAME **WESTON, CURT**
STREET ADDRESS **3884 MESA DRIVE**
CITY-ST-ZIP **DESTIN FL 32541**

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 all other like empowered.

SIGNATURE:

[Handwritten Signature]

1/22/03 850-833-9159

CR2E037 (10/02)