

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90038 048 \*\*\*\*61.25

**DOCUMENT # N93000005143**

1. Entity Name

KIWANIS CLUB OF STUART, FLORIDA, INC.



Principal Place of Business

P.O. BOX 532  
STUART FL 34995

Mailing Address

P.O. BOX 532  
STUART FL 34995

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-6151478

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CHIVERS, BILLY  
33 FLAGLER AVENUE  
STUART FL 34994

7. Name and Address of New Registered Agent

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**  
**Due By May 1, 2004**

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

TITLE VPD  
NAME HILL, VIRGINIA  
STREET ADDRESS 5763 ST FEDERAL HWY  
CITY-ST-ZIP STUART FL 34997 ☐ Delete

TITLE VPD  
NAME CHAVELS, BILLY  
STREET ADDRESS 23 FLAGLER AVE  
CITY-ST-ZIP STUART FL 34994 ☐ Delete

TITLE SD  
NAME MARINO, LYN  
STREET ADDRESS 3001 SW DENTON ST  
CITY-ST-ZIP PORT SAINT LUCIE FL 34953 ☐ Delete

TITLE PD  
NAME SILLS, ANDREW  
STREET ADDRESS 2994 SE BAMBOO ST  
CITY-ST-ZIP STUART FL 34997 ☒ Delete

TITLE TD  
NAME NUTTALL, GREGORY  
STREET ADDRESS 2100 SE OCEAN BLVD 578-205  
CITY-ST-ZIP STUART FL 34996 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE VPD  
NAME COLLINS, THOMAS A.  
STREET ADDRESS 23 FLAGLER AVE  
CITY-ST-ZIP STUART, FL 34995 ☐ Change ☒ Addition

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: *Gregory Nuttall*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Gregory Nuttall*  
4-20-04 772-874480