

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90248 021 ****70.00

DOCUMENT # N93000005484 1. Entity Name KIWANIS PUBLIC SERVICE CORPORATION OF CRESTVIEW					
Principal Place of Business P.O. BX 128 CRESTVIEW, FL 32536 US			Mailing Address P.O. BX 128 CRESTVIEW, FL 32536 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3210236	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LUNDY, JIMMY 1584 PEARL ST. CRESTVIEW, FL 32539				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
	PP \$ MILLER, ELIZABETH	1239 JEFFERYSCOT DR	CRESTVIEW, FL 32536		
	D ALLEN, ROBERT	108 LINDLE	CRESTVIEW, FL 32530		
	P ROY, MIKE	5 FORREST GROVE PL	FORT WALTON BEACH, FL 32548		
	T HAYNES, MALCOLM N SR	298 S WILSON ST	CRESTVIEW, FL 32536		
	BYP LUNDY, J	1584 S. PEARL	CRESTVIEW, FL		
	S SMITH, LINDA	P O BOX 175	CRESTVIEW, FL		
	D. GAIL KALTZ	5387 MOUNT OLIVE RD.			
		CRESTVIEW, FL 32539			
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:				7 April 2004 8506826243	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	

54030630



01142004 Chg-NP CR2E037 (10/03)

Applied For
Not Applicable

FL

Zip Code

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	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	1239 JEFFERYSCOT DR	
CITY-ST-ZIP	CRESTVIEW, FL 32536	
TITLE	D ALLEN, ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS	108 LINDLE	
CITY-ST-ZIP	CRESTVIEW, FL 32530	
TITLE	P ROY, MIKE	<input type="checkbox"/> Delete
STREET ADDRESS	5 FORREST GROVE PL	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548	
TITLE	T HAYNES, MALCOLM N SR	<input type="checkbox"/> Delete
STREET ADDRESS	298 S WILSON ST	
CITY-ST-ZIP	CRESTVIEW, FL 32536	
TITLE	BYP LUNDY, J	<input type="checkbox"/> Delete
STREET ADDRESS	1584 S. PEARL	
CITY-ST-ZIP	CRESTVIEW, FL	
TITLE	S SMITH, LINDA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	P O BOX 175	
CITY-ST-ZIP	CRESTVIEW, FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	5387 MOUNT OLIVE RD.	
CITY-ST-ZIP	CRESTVIEW, FL 32539	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7 April 2004

Date

Daytime Phone #