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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 30 AM 9:18

DOCUMENT # N94000002655 (8)

1. Corporation Name

KIWANIS CLUB OF MADISON, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O RAY ELLIS P.O. BOX 8 MADISON FL 32341	C/O RAY ELLIS P.O. BOX 8 MADISON FL 32341

3. Date Incorporated or Qualified 05/23/1994	3a. Date of Last Report
4. FEI Number 59-1786436	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 C/O Nate Curtis	26 C/O Nate Curtis
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	25 Country
29 Zip	30 Country

9. Name and Address of Current Registered Agent

WILLIS, GEORGE
PINE RIDGE RANCH
MADISON FL 32340

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	ELLIS, ROY
STREET ADDRESS	P.O. BOX 57 N/A
CITY - ST - ZIP	LEE FL 32059
TITLE	D
NAME	CURTIS, NATE
STREET ADDRESS	700 CANTEY ST.
CITY - ST - ZIP	MADISON FL 32340
TITLE	D
NAME	NEWMAN, BRENDA
STREET ADDRESS	RT. 4, BOX 1877
CITY - ST - ZIP	MADISON FL 32340
TITLE	D
NAME	HURST, SAM
STREET ADDRESS	2625 STONEGATE DR.
CITY - ST - ZIP	TALLAHASSEE FL 32308
TITLE	D
NAME	CANTEY, PAT
STREET ADDRESS	620 CANTEY ST.
CITY - ST - ZIP	MADISON FL 32340
TITLE	D
NAME	WILLIS, GEORGE
STREET ADDRESS	P.O. BOX 110 N/A
CITY - ST - ZIP	MADISON FL 32341

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	P
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	S
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	T
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	BV
5.3 STREET ADDRESS	George Pridgen
5.4 CITY - ST - ZIP	P.O. Box 81 N/A Greenville, FL 32331
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if applicable, or on an attachment with an address.

SIGNATURE: Sam Hurst Sam Hurst 1-19-95 904 973-4081
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type in Parentheses)