

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000002655 (8)

1. Corporation Name

KIWANIS CLUB OF MADISON, INC.



Principal Place of Business

Mailing Address

C/O NATE CURTIS
P.O. BOX 8
MADISON FL 32341
US

C/O NATE CURTIS
P.O. BOX 8
MADISON FL 32341
US

3. Date Incorporated or Qualified

05/23/1994

3a. Date of Last Report

01/30/1995

2. Principal Place of Business

2a. Mailing Address

21 *C/O George Pridgeon*

26 *C/O George Pridgeon*

4. FEI Number

59-1786436

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILLIS, GEORGE
PINE RIDGE RANCH
MADISON FL 32340**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	ELLIS, ROY	
STREET ADDRESS	P.O. BOX 57 N/A	
CITY - ST - ZIP	LEE FL 32059	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	CURTIS, NATE	
STREET ADDRESS	700 CANTEY ST.	
CITY - ST - ZIP	MADISON FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	NEWMAN, BRENDA	
STREET ADDRESS	RT. 4, BOX 1877	
CITY - ST - ZIP	MADISON FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HURST, SAM	
STREET ADDRESS	2625 STONEGATE DR.	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PRIDGEON, GEORGE	
STREET ADDRESS	P.O. BOX 81 N/A	
CITY - ST - ZIP	GREENVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIS, GEORGE	
STREET ADDRESS	P.O. BOX 119 N/A	
CITY - ST - ZIP	MADISON FL 32341	

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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<i>Monteen Cave</i>
2.3 STREET ADDRESS	<i>P.O. Box 927</i>
2.4 CITY - ST - ZIP	<i>Madison, FL 32341</i>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<i>Tammie Olive</i>
3.3 STREET ADDRESS	<i>Rt. 4, Box 2025</i>
3.4 CITY - ST - ZIP	<i>Madison, FL 32340</i>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<i>P</i>
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
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 119.07(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 changed, or on an attachment with an address.

SIGNATURE:

Sam Hurst SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SAM HURST, Treasurer

1-25-96

Date

904 973-5022

Daytime Phone #

CR2E037 (12/95)