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Feb 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N94000002655 (8)  
1. Corporation Name  
KIWANIS CLUB OF MADISON, INC.



Principal Place of Business: *Monteen Cave*  
C/O GEORGE PRIDGEON  
P.O. BOX 8  
MADISON FL 32341  
US

Mailing Address: *Yo Monteen Cave*  
C/O GEORGE PRIDGEON  
P.O. BOX 8  
MADISON FL 32341-0008  
US

2. Principal Place of Business  
21 Suite, Apt. #, etc  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
25 Suite, Apt. #, etc  
26 City & State  
27 Zip  
28 Country

3. Date Incorporated or Qualified: 05/23/1994  
3a. Date of Last Report: 01/31/1996

4. FEI Number: 59-1786436  
Applied For: Not Applicable

6. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
WILLIS, GEORGE  
PINE RIDGE RANCH  
MADISON FL 32340

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIS, ROY	1.2 NAME	<i>No change</i>
STREET ADDRESS	P.O. BOX 57 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	LEE FL 32059	1.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	
NAME	CAVE, MONTEEN	2.2 NAME	<i>Monteen Cave</i>
STREET ADDRESS	P.O. BOX 927	2.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON FL	2.4 CITY-ST-ZIP	<i>Madison, FL 32341</i>
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OLIVE, TAMMIE	3.2 NAME	<i>Buddy Witmer</i>
STREET ADDRESS	RT. 4, BOX 2025	3.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HURST, SAM	4.2 NAME	<i>No change</i>
STREET ADDRESS	2625 STONEGATE DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	4.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	
NAME	PRIDGEON, GEORGE	5.2 NAME	<i>Brenda Newman</i>
STREET ADDRESS	P.O. BOX 81 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	WILLIS, GEORGE	6.2 NAME	<i>No change</i>
STREET ADDRESS	P.O. BOX 119 N/A	6.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON FL 32341	6.4 CITY-ST-ZIP	

14. I do 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 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: *Sandra Murtham* DATE: 1-17-97 DAYTIME PHONE: 904-973-5022  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)