

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90128 042 ****61.25

0006222

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N94000002655

1. Corporation Name
KIWANIS CLUB OF MADISON, INC.

135074 · 90128 · 42

Principal Place of Business C/O BRENDA NEWMAN P.O. BOX 8 MADISON FL 32341 US	Mailing Address C/O BRENDA NEWMAN P.O. BOX 8 MADISON FL 32341 US
--	--



2. Principal Place of Business 21 <i>c/o Sam Hurst</i>	2a. Mailing Address 26 <i>c/o Sam Hurst</i>	3. Date Incorporated or Qualified 05/23/1994
Suite, Apt. #, etc. 22 <i>P.O. Box 8</i>	Suite, Apt. #, etc. 27 <i>P.O. Box 8</i>	4. FEI Number 59-1786436
City & State 23 <i>Madison, FL</i>	City & State 28 <i>Madison, FL</i>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 <i>32341</i>	Country 25 <i>US</i>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 29 <i>32341</i>	Country 30 <i>US</i>	

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

TITLE	S <input type="checkbox"/> DELETE
NAME	HOWELL, LINDA
STREET ADDRESS	RT. 1 BOX 725
CITY-ST-ZIP	MADISON FL 32340
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	CAVE, MONTEEN
STREET ADDRESS	P.O. BOX 927 N/A
CITY-ST-ZIP	MADISON FL 32341
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	ALEXANDER, CLYDE
STREET ADDRESS	190 OAK ROAD
CITY-ST-ZIP	MADISON FL 32340
TITLE	T <input type="checkbox"/> DELETE
NAME	HURST, SAM
STREET ADDRESS	2625 STONEGATE DR.
CITY-ST-ZIP	TALLAHASSEE FL 32308
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	NEWMAN, BRENDA
STREET ADDRESS	RT 4, BOX 1877
CITY-ST-ZIP	MADISON FL 32340
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	WILLIS, GEORGE
STREET ADDRESS	P.O. BOX 119 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	D (Director) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Mary Ann Sanders
2.3 STREET ADDRESS	300 S.W. Meeting Street
2.4 CITY-ST-ZIP	Madison, FL 32340
3.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Bill Roberts
3.3 STREET ADDRESS	Rt. 5, Box 6288
3.4 CITY-ST-ZIP	Madison, FL 32340
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	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Rush Severance
5.3 STREET ADDRESS	P.O. Box 513
5.4 CITY-ST-ZIP	Madison, FL 32341 N/A
6.1 TITLE	D (Director) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Nate Curtis
6.3 STREET ADDRESS	700 N. Cantey Dr.
6.4 CITY-ST-ZIP	Madison, FL 32340

14. 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 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, with all other like empowered.

SIGNATURE: *Sam Hurst* **SIGNATURE REQUIRED** Treasurer **2-4-99** **850 973-5022**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)