

DOCUMENT # N94000002655

1. Entity Name

KIWANIS CLUB OF MADISON, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90014 050 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

C/O SAM HURST
P.O. BOX 8
MADISON FL 32341
US

C/O SAM HURST
P.O. BOX 8
MADISON FL 32341-0008
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1786436

Applied For

Not Applicable

5. Certificate of Status Desired

Not checked

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIS, GEORGE
PINE RIDGE RANCH
MADISON FL 32340

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

Not checked

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: S
NAME: HOWELL, LINDA
STREET ADDRESS: RT. 1 BOX 725
CITY-ST-ZIP: MADISON FL 32340

TITLE: S
NAME: Severance, Connie
STREET ADDRESS: P. O. Box 513
CITY-ST-ZIP: Madison, FL 32341

TITLE: D
NAME: SANDERS, MARY ANN
STREET ADDRESS: 300 S.W. MEETING STREET
CITY-ST-ZIP: MADISON FL 32340

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: VP
NAME: ROBERTS, BILL
STREET ADDRESS: RT. 5, BOX 6288
CITY-ST-ZIP: MADISON FL 32340

TITLE: VP
NAME: Zillman, Marcus
STREET ADDRESS: Rt. 3, Box 1235
CITY-ST-ZIP: Madison, FL 32340

TITLE: T
NAME: HURST, SAM
STREET ADDRESS: 2625 STONEGATE DR.
CITY-ST-ZIP: TALLAHASSEE FL 32308

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: P
NAME: SEVERANCE, RUSH
STREET ADDRESS: P.O. BOX 513
CITY-ST-ZIP: MADISON FL 32341

TITLE: P
NAME: Roberts, Bill
STREET ADDRESS: Rt. 5, Box 6288
CITY-ST-ZIP: Madison, FL 32340

TITLE: D
NAME: CURTIS, NATE
STREET ADDRESS: 700 N. CANTEY DRIVE
CITY-ST-ZIP: MADISON FL 32340

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-2000

Date

850-973-5022

Daytime Phone #

CR2E037 (9/99)