

2001
2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91286 030 ****61.25

DOCUMENT # N94000002655
 1. Entity Name
KIWANIS CLUB OF MADISON, INC.

Principal Place of Business Mailing Address
40 Melissa Nieminen *40 Melissa Nieminen*
 P.O. BOX 8 P.O. BOX 8
 MADISON FL 32341 MADISON FL 32341-0008
 US US

RUUB006



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
59-1786436 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME S HOWELL, LINDA STREET ADDRESS RT. 1 BOX 725 CITY-ST-ZIP MADISON FL 32340	<input type="checkbox"/> Delete
TITLE NAME D SANDERS, MARY ANN STREET ADDRESS 300 S.W. MEETING STREET CITY-ST-ZIP MADISON FL 32340	<input type="checkbox"/> Delete
TITLE NAME VP ROBERTS, BILL STREET ADDRESS RT. 5, BOX 6288 CITY-ST-ZIP MADISON FL 32340	<input type="checkbox"/> Delete
TITLE NAME T HURST, SAM STREET ADDRESS 2625 STONEGATE DR. CITY-ST-ZIP TALLAHASSEE FL 32308	<input type="checkbox"/> Delete
TITLE NAME P SEVERANCE, RUSH STREET ADDRESS P.O. BOX 513 CITY-ST-ZIP MADISON FL 32341	<input type="checkbox"/> Delete
TITLE NAME D CURTIS, NATE STREET ADDRESS 700 N. CANTEY DRIVE CITY-ST-ZIP MADISON FL 32340	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME S Jo Willis STREET ADDRESS P.O. Box 119 CITY-ST-ZIP Madison, FL 32340	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME VP Aiston Kelley STREET ADDRESS Rt 4 Box 1870 CITY-ST-ZIP Madison, FL 32340	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME T Melissa Nieminen STREET ADDRESS 2112 Ford Ct. CITY-ST-ZIP Madison, FL 32340	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME P Roy Ellis STREET ADDRESS P.O. Box 57 CITY-ST-ZIP Lee, FL 32059	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Melissa Nieminen* *Melissa Nieminen* 4-27-2001 (850) 473-1500 x36