

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91720 018 ****61.25

DOCUMENT # N94000002655

1. Entity Name
KIWANIS CLUB OF MADISON, INC.

Principal Place of Business C/O MELISSA NIEMINEN P.O. BOX 8 MADISON FL 32341 US	Mailing Address C/O MELISSA NIEMINEN P.O. BOX 8 MADISON FL 32341 US
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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 **59-1786436** Applied For
 Not Applicable

5. Certificate of Status Desired **\$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 _____ 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
S	WILLIS, JO	P.O. BOX 119	MADISON FL 32340	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	SANDERS, MARY ANN	300 S.W. MEETING STREET	MADISON FL 32340	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VP	KELLEY, ALSTON	RT. 4 BOX 1870	MADISON FL 32340	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
T	NIEMINEN, MELISSA	2112 FORD CT.	MADISON FL 32340	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
P	ELLIS, ROY	PO BOX 57	LEE FL 32059	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	CURTIS, NATE	700 N. CANTEY DRIVE	MADISON FL 32340	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: *George Willis*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4-30-2002** Daytime Phone #: **850 913-1500 x35**

CR2E037 (9/01)