


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90006 039 ****61.25

DOCUMENT # N94000002655

1. Entity Name
KIWANIS CLUB OF MADISON, INC.



Principal Place of Business
**PO BOX 8
 MADISON, FL 32341 US**

Mailing Address
**PO BOX 8
 MADISON, FL 32341 US**

04003248



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

07122004 Chg-NP CR2E037 (10/03)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

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

Filing Fee is \$81.25 Due by September 8, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	S	<input type="checkbox"/> Delete		TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIS, JO			NAME			
STREET ADDRESS	P.O. BOX 119			STREET ADDRESS			
CITY-ST-ZIP	MADISON, FL 32340			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANDERS, MARY ANN			NAME			
STREET ADDRESS	300 S.W. MEETING STREET			STREET ADDRESS			
CITY-ST-ZIP	MADISON, FL 32340			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CANTEY, PAT			NAME			
STREET ADDRESS	214 W BASE ST			STREET ADDRESS			
CITY-ST-ZIP	MADISON, FL 32340			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ELLIS, ROY			NAME			
STREET ADDRESS	PO BOX 57			STREET ADDRESS	6156 S.E. Farm Rd		
CITY-ST-ZIP	LEE, FL 32059			CITY-ST-ZIP	Lee, FL 32059		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CURTIS, NATE			NAME	DAY, EDITH H.		
STREET ADDRESS	700 N. CANTEY DRIVE			STREET ADDRESS	Route 5 Box 170		
CITY-ST-ZIP	MADISON, FL 32340			CITY-ST-ZIP	MADISON, FL 32340		
TITLE		<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				NAME	M. Sapp, Ann		
STREET ADDRESS				STREET ADDRESS	RT 1 Box 930		
CITY-ST-ZIP				CITY-ST-ZIP	MADISON, FL 32340		

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: *Edith H. Day* Edith H. Day **850-973-2062**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #