


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 08:00 AM
Secretary of State

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			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1786436 <input type="checkbox"/> Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input type="checkbox"/> Delete	TITLE		<input 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	V	<input type="checkbox"/> Delete	TITLE		<input 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	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIS, ROY		NAME		
STREET ADDRESS	8156 S.E. FARM RD		STREET ADDRESS		
CITY- ST- ZIP	LEE FL 32059		CITY- ST- ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAY, EDITH H		NAME		
STREET ADDRESS	RT 5 BOX 70		STREET ADDRESS		
CITY- ST- ZIP	MADISON FL 32340		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAPP, ANN		NAME		
STREET ADDRESS	RT 1 BOX 930		STREET ADDRESS		
CITY- ST- ZIP	MADISON FL 32340		CITY- ST- ZIP		



1st MOORE CR2E037 (10/04)

4. FEI Number **59-1786436** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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CITY- ST- ZIP	MADISON FL 32340		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)(f), 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: _____ **4/30/05** **850-973-2400**

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