


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90201 009 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01092007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-1786436	
				Applied For <input type="checkbox"/> Not Applicable	
				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 D PINE RIDGE RANCH MADISON, FL 32340			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CANTEY, PAT		NAME	Holben, James	
STREET ADDRESS	214 W BASE ST		STREET ADDRESS	963 E Hwy 90	
CITY-ST-ZIP	MADISON, FL 32340		CITY-ST-ZIP	Madison, FL 32340	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLBEN, JAMES		NAME	Ginn, Frances	
STREET ADDRESS	963 E HYW 90		STREET ADDRESS	5391 NW Honey Lake Rd.	
CITY-ST-ZIP	MADISON, FL 32340		CITY-ST-ZIP	Greenville, FL 32331	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BETHER, JOYCE		NAME	Mary Ann Sanders	
STREET ADDRESS	160 SW CARRIAGE WY		STREET ADDRESS	230 SW Meeting Ave	
CITY-ST-ZIP	LEE, FL 32059		CITY-ST-ZIP	Madison, FL 32340	
TITLE	D	<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELLIS, ROY		NAME	Kim C. Scott	
STREET ADDRESS	6156 S.E. FARM RD		STREET ADDRESS	301 SE Balboa Dr	
CITY-ST-ZIP	LEE, FL 32059		CITY-ST-ZIP	Madison, FL 32340	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAY, EDITH H		NAME	George Willis	
STREET ADDRESS	636 NE YELLOW PINE AVE		STREET ADDRESS	P.O. Box 119	
CITY-ST-ZIP	MADISON, FL 32340		CITY-ST-ZIP	Madison, FL 32341	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAY, LUCILE		NAME		
STREET ADDRESS	POB 55		STREET ADDRESS		
CITY-ST-ZIP	GREENVILLE, FL 32331		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>G.M. Willis</i>		G.M. WILLIS		1/11/07 850/973-8583	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	

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