

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002655

FILED
Jan 08, 2009
Secretary of State

Entity Name: KIWANIS CLUB OF MADISON, INC.

Current Principal Place of Business:

230 SW MEETING AVE
MADISON, FL 32340 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 8
MADISON, FL 32341 US

New Mailing Address:

FEI Number: 59-1786436 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIS, GEORGE D
PINE RIDGE RANCH
MADISON, FL 32340 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: HOLBEN, JAMES
Address: 963 E HWY 90
City-St-Zip: MADISON, FL 32340

Title: P () Delete
Name: GINN, FRANCES
Address: 5391 NW HONEY LAKE RD
City-St-Zip: GREENVILLE, FL 32331

Title: T () Delete
Name: SANDERS, MARY ANN
Address: 230 SW MEETING AVE
City-St-Zip: MADISON, FL 32340

Title: D () Delete
Name: ELLIS, ROY
Address: 6156 S.E. FARM RD
City-St-Zip: LEE, FL 32059

Title: V () Delete
Name: DRIGGERS, DAVID
Address: 184 HUNTER RIDGE RD
City-St-Zip: MONTICELLO, FL 32344

Title: D () Delete
Name: DAY, LUCILE
Address: POB 55
City-St-Zip: GREENVILLE, FL 32331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: DRIGGERS, DAVID
Address: 184 HUNTER RIDGE RD
City-St-Zip: MONTICELLO, FL 32344

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: BRADLEY, OLIVER
Address: 6266 NW LOVETT RD
City-St-Zip: GREENVILLE, FL 32331

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY ANN S. SANDERS

TREA

01/08/2009

Electronic Signature of Signing Officer or Director

_____ Date