

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90900 008 ****61.25

DOCUMENT # N94000002655

1. Entity Name
KIWANIS CLUB OF MADISON, INC.



10031193



CHECK HERE IF MAKING CHANGES

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

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

3. Mailing Address
Suite, Apt. #, etc.
City & State
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
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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAT CANTEY	
STREET ADDRESS	214 W Base St	
CITY-ST-ZIP	MADISON, FL 32340	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(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: **Pat Canvey** Treasurer 2-27-03 850-973-2028

CR2E037 (10/02)