

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N94000004228

1. Entity Name
KIWANIS CLUB OF DADE CITY, FLORIDA, INC.



Principal Place of Business
15834 JESSAMINE RD.
DADE CITY, FL 33523

Mailing Address
P.O. BOX 353
DADE CITY, FL 33526

FILED

08 DEC 11 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #
14144 SIXTH ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

12092008 REIN-NP

CR2E099 (1/07)

City & State

DADE CITY FL

City & State

4. FEI Number
59-6152212

Applied For

Not Applicable

Zip

33525

Country

PASCO

Zip

33525

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MATTOX, PAMELA
15834 JESSAMINE RD.
DADE CITY, FL 33523

7. Name and Address of New Registered Agent

Name GREGG A. LYNCH

Street Address (P.O. Box Number is Not Acceptable)
14144 SIXTH ST

City DADE CITY

FL

Zip Code
33525

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 GREGG A. LYNCH

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

12-6-08

DATE

FILE NOW!!! FEE IS \$61.25
After January 1, 2009, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE S ☐ Delete
NAME MIZE, GERALDINE
STREET ADDRESS 6240 GALL BLVD.
CITY-ST-ZIP ZEPHYRHILLS, FL 33542

TITLE T ☒ Delete
NAME MATTOX, PAMELA L
STREET ADDRESS 15834 JESSAMINE RD.
CITY-ST-ZIP DADE CITY, FL 33523

TITLE V ☒ Delete
NAME SWYERS, JOHN
STREET ADDRESS 10426 CHATUGA DR.
CITY-ST-ZIP SAN ANTONIO, FL 33576

TITLE P ☒ Delete
NAME AGNELLO, MICHAEL
STREET ADDRESS 13941 7TH STREET
CITY-ST-ZIP DADE CITY, FL 33525

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000138956360
CITY-ST-ZIP 12/11/08--01025--002 **\$61.25

TITLE T ☒ Change ☐ Addition
NAME GREGG A. LYNCH
STREET ADDRESS PO Box 1222
CITY-ST-ZIP DADE CITY FL 33526

TITLE P ☒ Change ☐ Addition
NAME KIM SCHUCKNECHT
STREET ADDRESS 14027 5th St.
CITY-ST-ZIP DADE CITY FL 33525

TITLE VP ☒ Change ☐ Addition
NAME MICHAEL CARR
STREET ADDRESS 13839 US HWY 98
CITY-ST-ZIP DADE CITY FL 33525

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: GREGG A. LYNCH, TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-5-08

Date

Daytime Phone #

12/11/08