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Feb 07 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000000281 (4)

1. Corporation Name

KIWANIS CLUB OF CHIEFLAND, INC.



Principal Place of Business

Mailing Address

PO BOX 1310
CHIEFLAND FL 32626

PO BOX 1310
CHIEFLAND FL 32644-1310

3. Date Incorporated or Qualified
01/20/1995

3a. Date of Last Report
03/06/1996

4. FEI Number
59-3292358

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BEAUCHAMP, W O III
19 NE 3RD STREET
CHIEFLAND FL 32626

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME PATTERSON, BENNITT
STREET ADDRESS 6851 NW 106 STREET
CITY-ST-ZIP CHIEFLAND FL ☒ DELETE

1.1 TITLE PD ☐ Change ☒ Addition
1.2 NAME Bishop, Kent
1.3 STREET ADDRESS P.O. Box 1197
1.4 CITY-ST-ZIP Chiefland, FL 32644 N/A

TITLE VPD
NAME BEAUCHAMP, W O III
STREET ADDRESS 111TH NW LANE
CITY-ST-ZIP CHIEFLAND FL ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD
NAME PREVATT, CHERRI
STREET ADDRESS 10451 NW 45TH STREET
CITY-ST-ZIP CHIEFLAND FL ☒ DELETE

3.1 TITLE SD ☐ Change ☒ Addition
3.2 NAME Koonce, Tammy
3.3 STREET ADDRESS P.O. Box 411
3.4 CITY-ST-ZIP Chiefland, FL 32644 N/A

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-16-97

(252)483-2571

Date

Daytime Phone # 0011844

CR2E037 (9/96)