

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90077 049 ****61.25

DOCUMENT # N95000000281

1. Entity Name

KIWANIS CLUB OF CHIEFLAND, INC.



Principal Place of Business

PO BOX 1310
CHIEFLAND FL 32626

Mailing Address

PO BOX 1310
CHIEFLAND FL 32626

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3292358

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEAPTROT, JEWETT
1301 N YOUNG BV
CHIEFLAND FL 32626

7. Name and Address of New Registered Agent

Name

Berta Alejos-Geiger

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

209 NW 6th Street

City

Chiefland,

FL

Zip Code
32626

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

Berta Alejos-Geiger

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
Due By May 1, 2004

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	VPD	<input type="checkbox"/> Delete
NAME	WESTBURY, NANCY	
STREET ADDRESS	PO BOX 1640	
CITY-ST-ZIP	CHIEFLAND FL 32644	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LEAPTROT, JEWETT	
STREET ADDRESS	PO BOX 1426	
CITY-ST-ZIP	CHIEFLAND FL 32644	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GEIGER, BERTA	
STREET ADDRESS	PO BOX 1857	
CITY-ST-ZIP	CHIEFLAND FL 32644	
TITLE	D	<input type="checkbox"/> Delete
NAME	EDISON, JEFFERY R	
STREET ADDRESS	9791 NW 110TH STREET	
CITY-ST-ZIP	CHIEFLAND FL 32626	
TITLE	T	<input type="checkbox"/> Delete
NAME	MOYER, CINDY	
STREET ADDRESS	PO BOX 1857	
CITY-ST-ZIP	CHIEFLAND FL 32644	
TITLE	D	<input type="checkbox"/> Delete
NAME	GULBRONSON, LEONARD	
STREET ADDRESS	PO BOX 1442	
CITY-ST-ZIP	CHIEFLAND FL 32644	

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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alejos-Geiger, Berta	
STREET ADDRESS	P.O. Box 1857	
CITY-ST-ZIP	Chiefland, FL 32644	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Geiger, Patsy S.	
STREET ADDRESS	327 NW 1st Street	
CITY-ST-ZIP	Williston, FL 32696	

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:

Berta Alejos-Geiger

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment
ID# N9500000081
94006252

D
Nelson, Caretha
P.O. Box 277
Chiefland, FL 32644

D
Pierce, Diane D.
122 East Park Avenue
Chiefland, FL 32626

DSullivan
Sullivan, Emory
P.O. Box 1082
Inglis, FL 34449

D
Harrington, Tommys
P.O. Box 1341
Chiefland, FL 32644

DLeaprot,
Leaprot, Jewett
P.O. Box 1426
Chiefland, FL 32644