

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

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90833 006 ****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**

40006345



☐ CHECK HERE IF MAKING CHANGES

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

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 \$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 **VPD** ☐ Delete
NAME **WESTBURY, NANCY**
STREET ADDRESS **PO BOX 1640**
CITY-ST-ZIP **CHIEFLAND FL 32644**

TITLE **PD** ☐ Delete
NAME **LEAPTROT, JEWETT**
STREET ADDRESS **PO BOX 1426**
CITY-ST-ZIP **CHIEFLAND FL 32644**

TITLE **SD** ☒ Delete
NAME **JUDD, DANIELLE**
STREET ADDRESS **PO BOX 705**
CITY-ST-ZIP **CHIEFLAND FL 32644**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME **SD**
NAME **Geiger, Berta**
STREET ADDRESS **P.O. Box 1857**
CITY-ST-ZIP **Chiefland, FL 32644**

TITLE ☐ Change ☒ Addition
NAME **T**
NAME **Moyer, Cindy**
STREET ADDRESS **P.O. Box 481**
CITY-ST-ZIP **Chiefland, FL 32644**

TITLE ☐ Change ☒ Addition
NAME **D**
NAME **Edison, Jeffery R.**
STREET ADDRESS **9791 NW 110th Street**
CITY-ST-ZIP **Chiefland, FL 32626**

TITLE ☐ Change ☒ Addition
NAME **D**
NAME **Gulbranson, Leonard**
STREET ADDRESS **P.O. Box 1442**
CITY-ST-ZIP **Chiefland, FL 32644**

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:

SIGNATURE REQUIRED

01/10/03

**(352)
4930050**

CR2E037 (10/02)

Attachment # N95000000281

20006345

D

Addition

Harrington, Thomas

P.O. Box 1341

Chiefland, FL 32644

D

Addition

Nelson, Caretha

P.O. Box 277

Chiefland, FL 32644

D

Addition

Sullivan, Emory

P.O. Box 1082

Inglis, FL 34449