

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

**FILED**  
**Jun 11, 2003 8:00 am**  
**Secretary of State**

06-11-2003 90063 033 \*\*\*\*61.25

**DOCUMENT # N97000002873**

1. Entity Name

**KIWANIS CLUB OF NINE MILE RD, INC.**



Principal Place of Business

**9400 UNIVERSITY PARKWAY  
PENSACOLA FL 32514  
US**

Mailing Address

**P.O. BOX 515  
GONZALEZ FL 32560  
US**

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 **59-3453766**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TOLER, MARK  
1841 KINGS WAY DR  
PENSACOLA FL 32533**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>COOK, GEORGE JR</b>	
STREET ADDRESS	<b>1040 E NINE MILE RD</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32514</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>HUMPHREY, SHIRLEY</b>	
STREET ADDRESS	<b>9606 SUNNEHANNA BLVD</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32514</b>	
TITLE	<b>PED</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HUMPREY, SHIRLEY</b>	
STREET ADDRESS	<b>9606 SUNNE HANNA BLVD</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32514</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>TOLER, MARK</b>	
STREET ADDRESS	<b>1841 RINGS WAY DR.</b>	
CITY-ST-ZIP	<b>CANTONMENT FL 32533</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>SEELMAN, BILL</b>	
STREET ADDRESS	<b>116 REDBREAST LANE</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32503</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>IVEY, BILL</b>	
STREET ADDRESS	<b>2 E NINE MILE RD</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32514</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HARRY BISHOP</b>	
STREET ADDRESS	<b>40 RIDGEWAY CT</b>	
CITY-ST-ZIP	<b>PENSACOLA, FL 32514</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUMPHREY, SHIRLEY</b>	
STREET ADDRESS	<b>9606 SUNNEHANNA BLVD</b>	
CITY-ST-ZIP	<b>PENSACOLA, FL 32514</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JONES, MIKE</b>	
STREET ADDRESS	<b>20200 ERIN POND RD</b>	
CITY-ST-ZIP	<b>PEN SEMINOLE, AL 36574</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JEFFERIES, ANN</b>	
STREET ADDRESS	<b>110 SCENIC HWY, APT 104</b>	
CITY-ST-ZIP	<b>PENSACOLA, FL 32503</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SEELMAN, BILL</b>	
STREET ADDRESS	<b>116 RED BREAST LN</b>	
CITY-ST-ZIP	<b>PENSACOLA, FL 32503</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>IVEY, BILL</b>	
STREET ADDRESS	<b>586 Hummingbird Dr</b>	
CITY-ST-ZIP	<b>PENSACOLA, FL 32514</b>	

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: **WILLIAM D IVEY** 4/23/03 850/479-7875

CR2E037 (10/02)