

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

FILED
May 16, 2003 8:00 am
Secretary of State

04-23-2003 90111 019 ****61.25

DOCUMENT # N99000002963

1. Entity Name

KIWANIS CLUB OF FORT PIERCE, INC.



Principal Place of Business

P.O. BOX 957
FT. PIERCE FL 34954

Mailing Address

P.O. BOX 857
FT. PIERCE FL 34954

55041285



☐ 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 **59-6151475**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIFORD, MITCHELL
5413 DEER RUN DRIVE
FORT PIERCE FL 34951

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

TITLE ☐ Delete
NAME **DIPALMA, STEVE**
STREET ADDRESS **565 SW CARTER AVE**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34983**

TITLE ☐ Delete
NAME **ABRAMOWICZ, BILL**
STREET ADDRESS **2065 S 6TH STREET**
CITY-ST-ZIP **FORT PIERCE FL 34982**

TITLE ☐ Delete
NAME **PERONA, TOM**
STREET ADDRESS **P.O. BOX 12189**
CITY-ST-ZIP **FT. PIERCE FL 34979**

TITLE ☒ Delete
NAME **SMITH, MAZELLA**
STREET ADDRESS **P.O. BOX 1480**
CITY-ST-ZIP **FORT PIERCE FL 34954**

TITLE ☐ Delete
NAME **CLARK, SHANNON**
STREET ADDRESS **2305 OLEANDER AVE # 1**
CITY-ST-ZIP **FORT PIERCE FL 34982**

TITLE ☒ Delete
NAME **HAUGHTON, DAVID F**
STREET ADDRESS **1552 S.E. BERKSHIRE BLVD.**
CITY-ST-ZIP **PORT ST. LUCIE FL 34952**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME **DIPALMA Steve**
STREET ADDRESS **2728 Serenity Circle S**
CITY-ST-ZIP **Fort Pierce, FL 34981**

TITLE ☒ Change ☐ Addition
NAME **Abramowicz Bill**
STREET ADDRESS **206 South 6th**
CITY-ST-ZIP **Fort Pierce, FL 34950**

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

TITLE ☐ Change ☒ Addition
NAME **Secretary Baker, Robert H.**
STREET ADDRESS **4034 Gator Trace Rd.**
CITY-ST-ZIP **Fort Pierce, FL 34982**

TITLE ☒ Change ☐ Addition
NAME **President Clark, Shannon**
STREET ADDRESS **2305 Oleander #1**
CITY-ST-ZIP **Fort Pierce, FL 34982**

TITLE ☐ Change ☒ Addition
NAME **VP Wirthman Joe**
STREET ADDRESS **861 SE Solaz**
CITY-ST-ZIP **Port St Lucie FL 34983**

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: **Mitchell Williford** **MITCHELL L. WILLIFORD, TREASURER**

772 464-7669

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)

SHANNON CLARK, PRESIDENT