

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000007531

**Entity Name:** KILLEARN KIWANIS CHARITIES, INCORPORATED

**Current Principal Place of Business:**

4759 LANCASHURE LANE  
TALLAHASSEE, FL 32309

**Current Mailing Address:**

4759 LANCASHURE LANE  
TALLAHASSEE, FL 32309 US

**FEI Number:** 59-3683882

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

COLOMBO, DAVID P  
4759 LANCASHURE LANE  
TALLAHASSEE, FL 32309 US

*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.*

**SIGNATURE:** DAVID COLOMBO

06/28/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MILLS, KIM  
Address        EXEMPT - LAW ENFORCEMENT  
City-State-Zip: TALLAHASSEE FL 32309

Title            TREASURER  
Name            COLOMBO, DAVID  
Address        4759 LANCASHURE LANE  
City-State-Zip: TALLAHASSEE FL 32309

Title            SECRETARY  
Name            BEDARD, MONIKA  
Address        3212 ARBOR HILL WAY  
City-State-Zip: TALLAHASSEE FL 32309

Title            DIRECTOR  
Name            DALTON, JON  
Address        2917 LASSWADE DRIVE  
City-State-Zip: TALLAHASSEE FL 32312

Title            DIRECTOR  
Name            MEARS, NORM  
Address        4550 HEDGEWOOD DRIVE  
City-State-Zip: TALLAHASSEE FL 32309

Title            DIRECTOR  
Name            RYOR, JOHN  
Address        5012 TALLOW POINT DRIVE  
City-State-Zip: TALLAHASSEE FL 32309

Title            DIRECTOR  
Name            HERMAN, DEBRA  
Address        8172 BLUE QUILL TRAIL  
City-State-Zip: TALLAHASSEE FL 32312

Title            DIRECTOR  
Name            EPPINGER, AL  
Address        3851 MORIARITY COURT  
City-State-Zip: TALLAHASSEE FL 32309

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** DAVID COLOMBO

**TREASURER**

06/28/2020

Electronic Signature of Signing Officer/Director Detail

Date