

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007531

Entity Name: KILLEARN KIWANIS CHARITIES, INCORPORATED

Current Principal Place of Business:

6795 QUAIL VALLEY ROAD
TALLAHASSEE, FL 32309

Current Mailing Address:

6795 QUAIL VALLEY ROAD
TALLAHASSEE, FL 32309 US

FEI Number: 59-3683882

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MILLS, KIM B
6795 QUAIL VALLEY ROAD
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: KIM B. MILLS

03/15/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PAST PRESIDENT
Name JORDAN, CLIFF
Address 3028 IRONWOOD DRIVE
City-State-Zip: TALLAHASSEE FL 32309

Title TREASURER
Name MILLS, KIM B
Address 6795 QUAIL VALLEY ROAD
City-State-Zip: TALLAHASSEE FL 32309

Title SECRETARY
Name VARLEY, JIM
Address 2990 N. UMBERLAND DRIVE
City-State-Zip: TALLAHASSEE FL 32309

Title PRESIDENT-ELECT
Name STEARNS, ARNIE
Address 3202 SHAMROCK ST., E.
City-State-Zip: TALLAHASSEE FL 32309

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

Title DIRECTOR
Name LATOUR, CHARLES
Address 3728 SWALLOWTAIL TRACE
City-State-Zip: TALLAHASSEE FL 32309

Title DIRECTOR
Name MILLS, TOMMY
Address LAW ENFORCEMENT EXEMPT
City-State-Zip: TALLAHASSEE FL

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

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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: KIM B. MILLS

TREASURER

03/15/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name POUNCEY, MARIA
Address 192 DEER RIDGE TRAIL
City-State-Zip: TALLAHASSEE FL 32312

Title PRESIDENT
Name KINNEER, FAITH
Address 2124 CHARTER OAK DRIVE
City-State-Zip: TALLAHASSEE FL 32303