

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000007531

**FILED**  
**Mar 17, 2022**  
**Secretary of State**  
**7209727060CC**

**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

03/17/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title            PRESIDENT-ELECT  
Name            ARMISTEAD, MARGO  
Address        4524 FOXCROFT DRIVE  
City-State-Zip: TALLAHASSEE FL 32309

Title            DIRECTOR  
Name            MCBEE, JERRY  
Address        3718 DAGGERWING COURT  
City-State-Zip: TALLAHASSEE FL 32309

Title            DIRECTOR  
Name            STEARNS, ARNIE  
Address        3202 SHAMROCK ST. EAST  
City-State-Zip: TALLAHASSEE FL 32309

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

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

**Continues on page 2**

*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**

03/17/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title PAST PRESIDENT  
Name CLICKNER, ROBERT  
Address 3099 SHAMROCK ST., NORTH  
City-State-Zip: TALLAHASSEE FL 32309

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