

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 701848 (4)

1. Corporation Name

THE KIWANIS CLUB OF MONTICELLO, INC.



Principal Place of Business: P.O. BOX 357 MONTICELLO FL 32344  
Mailing Address: P.O. BOX 357 MONTICELLO FL 32344

3. Date Incorporated or Qualified: 12/28/1960  
3a. Date of Last Report: 04/07/1995

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-6153451	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
	Zip	28	Zip		<input type="checkbox"/>	
23	Country	29	Country	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
		30			<input type="checkbox"/>	
24				8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

WALKER, STEPHEN  
645 TAU TRAIL  
MONTICELLO FL 32344

10. Name and Address of New Registered Agent

81	Name	Mary E. Snelgrove
82	Street Address (P.O. Box Number is Not Acceptable)	1015 S. Mulberry Street
83		
84	City	Monticello
	State	FL
85	Zip Code	32344

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Mary E. Snelgrove* Mary E. Snelgrove, Treasurer 1/27/96  
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REVELL, DAVIS	1.2 NAME	Jordan, Dave
STREET ADDRESS	RT 4 BOX 4072	1.3 STREET ADDRESS	W. Washington Street
CITY-ST-ZIP	MONTICELLO FL	1.4 CITY-ST-ZIP	Monticello, Fl 32344
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JORDAN, DAVE	2.2 NAME	Lawrence Halsey
STREET ADDRESS	W WASHINGTON STREET	2.3 STREET ADDRESS	West Lake Road
CITY-ST-ZIP	MONTICELLO FL	2.4 CITY-ST-ZIP	Monticello, Fl 32344
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARKER, PHIL	3.2 NAME	Mary E. Snelgrove
STREET ADDRESS	RT. 2, BOX 168-A	3.3 STREET ADDRESS	1015 S. Mulberry Street
CITY-ST-ZIP	MONTICELLO FL	3.4 CITY-ST-ZIP	Monticello, Fl 32344
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, STEPHEN	4.2 NAME	Revell, Davis
STREET ADDRESS	645 TAU TRAIL	4.3 STREET ADDRESS	Route 4, Box 4072
CITY-ST-ZIP	MONTICELLO FL	4.4 CITY-ST-ZIP	Monticello, Fl 32344
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES, TOM	5.2 NAME	
STREET ADDRESS	W. WASHINGTON STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMOTT, HERBERT	6.2 NAME	
STREET ADDRESS	RT. 1, BOX 197-A	6.3 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mary E. Snelgrove* Mary E. Snelgrove, Treasurer 1/27/96 (904) 997-4754  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)