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Mar 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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 Mailing Address  
P.O. BOX 357 MONTICELLO FL 32344  
P.O. BOX 357 MONTICELLO FL 32345-0357

3. Date Incorporated or Qualified 12/28/1960  
3a. Date of Last Report 01/31/1996  
4. FEI Number 59-6153451  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
SNELGROVE, MARY E  
1015 S MULBERRY ST  
MONTICELLO FL 32344

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
TITLE P  DELETE  
NAME JORDAN, DAVE  
STREET ADDRESS W WASHINGTON ST  
CITY-ST-ZIP MONTICELLO FL  
TITLE V  DELETE  
NAME HALSEY, LAWRENCE  
STREET ADDRESS WEST LAKE RD  
CITY-ST-ZIP MONTICELLO FL  
TITLE S  DELETE  
NAME BARKER, PHIL  
STREET ADDRESS RT. 2, BOX 188-A  
CITY-ST-ZIP MONTICELLO FL  
TITLE T  DELETE  
NAME SNELGROVE, MARY E  
STREET ADDRESS 1015 S MULBERRY ST  
CITY-ST-ZIP MONTICELLO FL  
TITLE D  DELETE  
NAME REVELL, DAVIS  
STREET ADDRESS ROUTE 4 BOX 4072  
CITY-ST-ZIP MONTICELLO FL  
TITLE D  DELETE  
NAME DEMOTT, HERBERT  
STREET ADDRESS RT. 1, BOX 197-A  
CITY-ST-ZIP MONTICELLO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE P  Change  Addition  
1.2 NAME HALSEY, LAWRENCE  
1.3 STREET ADDRESS WEST LAKE ROAD  
1.4 CITY-ST-ZIP MONTICELLO, FL 32344  
2.1 TITLE V  Change  Addition  
2.2 NAME ALBERT THOMAS  
2.3 STREET ADDRESS ROUTE 4  
2.4 CITY-ST-ZIP MONTICELLO, FL 32344  
3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 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 2/26/97 904-997-4454  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)