

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

FILED
Apr 24, 1996 08:00 AM
Secretary of State

DOCUMENT # **702889 (7)**
1. Corporation Name
KIWANIS CLUB OF CAPITAL CITY, TALLAHASSEE, INC.



Principal Place of Business: **1300 TIMBERLANE ROAD TALLAHASSEE FL 32312**
Mailing Address: **1300 TIMBERLANE ROAD TALLAHASSEE FL 32312**

3. Date Incorporated or Qualified: **09/14/1961**
3a. Date of Last Report: **04/05/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-6168949	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	28		
Zip	Country	Zip	Country
24	25	29	30
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ANDERSON, EVERETT TIMBERLANE COMMONS 1300 TIMBERLANE ROAD TALLAHASSEE FL 32312	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '2	
TITLE	PD	1.1 TITLE	DIRECTOR
NAME	ROGERS, WILLIAM G	1.2 NAME	
STREET ADDRESS	10044 BUCK POINT ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	DIRECTOR
NAME	POTTORFF, DALE	2.2 NAME	
STREET ADDRESS	1829 RAA AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32312	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	
NAME	WILLIAMS, FRED	3.2 NAME	
STREET ADDRESS	793 LITCHFIELD ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32312	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	PRESIDENT
NAME	ANDERSON, EVERETT P	4.2 NAME	THOMAS DUGGAR
STREET ADDRESS	1300 TIMBERLANE ROAD	4.3 STREET ADDRESS	711 E. SIXTH AVE
CITY-ST-ZIP	TALLAHASSEE FL 2312	4.4 CITY-ST-ZIP	TALLAHASSEE FL 32303
TITLE	D	5.1 TITLE	
NAME	KONRAD, KATHRYN M	5.2 NAME	
STREET ADDRESS	4211 BUTTERCUP WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32311	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	DIRECTOR
NAME	SPALDING, LARRY H	6.2 NAME	DONNA WELLS
STREET ADDRESS	6860 SWAIN TRACE	6.3 STREET ADDRESS	1904-14 MIKCOOSUKKE RD
CITY-ST-ZIP	TALLAHASSEE FL 32311	6.4 CITY-ST-ZIP	TALLAHASSEE FL 32308

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: Fred H. Williams **FRED H. WILLIAMS** 4/20/96 912/226-1621
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)