FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 703758 (3)

1. Corporation Name

KIWANIS CLUB OF SEBRING, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1467 SEBRING FL 33871	P.O. BOX 1467 SEBRING FL 33871

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/20/1962
3a. Date of Last Report: 07/18/1994
4. FEI Number: 59-6168947 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CRIVELLO, KATHLEEN
501 S. CRANE AVE.
SEBRING FL 33872

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	11 TITLE	☐ Change ☐ Addition
NAME	AUSTIN, ROBERT	12 NAME	
STREET ADDRESS	3505 PAR ROAD	13 STREET ADDRESS	100001491931
CITY-ST-ZIP	SEBRING FL	14 CITY-ST-ZIP	-05/17/95--01146--022 *****61.25 *****61.25
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	WHITHOUSE, WENDELL	22 NAME	
STREET ADDRESS	445 SOUTH COMMERCE AVENUE	23 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL	24 CITY-ST-ZIP	
TITLE	P	31 TITLE	☐ Change ☐ Addition
NAME	ELLIS, TREY	32 NAME	
STREET ADDRESS	1917 US 27 NORTH	33 STREET ADDRESS	
CITY-ST ZIP	SEBRING FL	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	REED, KIM	42 NAME	
STREET ADDRESS	4800 H. W. BRANCH ROAD	43 STREET ADDRESS	
CITY-ST-ZIP	SEBRING, FL 00000	44 CITY-ST-ZIP	
TITLE	S	51 TITLE	☐ Change ☐ Addition
NAME	CRIVELLO, KATHLEEN	52 NAME	
STREET ADDRESS	501 S. CRANE AVE.	53 STREET ADDRESS	
CITY-ST-ZIP	SEBRING, FL 00000	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	CLARK, ROBERTA	62 NAME	
STREET ADDRESS	327 SE LAKEVIEW DRIVE	63 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL	64 CITY-ST-ZIP	

5-12-95

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)(i), Florida Statutes. I further certify that the information indicated on the 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: Kathleen Crivello Kathleen Crivello 4/4/95 813-382-2134
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000327