

FILE NOW: FILING FEE IS \$61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1996 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 703758 (3)

1. Corporation Name
KIWANIS CLUB OF SEBRING, INC.



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|---|---|
| Principal Place of Business P.O. BOX 1467 SEBRING FL 33871 | Mailing Address P.O. BOX 1467 SEBRING FL 33871 |
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|--------------------------------|---------------------|---------------------|---------------------|---|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 03/20/1962 | | 3a. Date of Last Report 05/01/1995 | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 59-6168947 | | Applied For Not Applicable | |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23 | Zip | 28 | Country | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 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 | | | |
| CRIVELLO, KATHLEEN 501 S. CRANE AVE. SEBRING FL 33872 | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | | | |
| | | | | 84 | City | FL | 85 |

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 12 | |
|----------------------------|---|---|---|
| TITLE | V <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | AUSTIN, ROBERT | 1.2 NAME | Maxcy, Guy |
| STREET ADDRESS | 3505 PAR ROAD | 1.3 STREET ADDRESS | 740 Killarney Dr. |
| CITY-ST-ZIP | SEBRING FL | 1.4 CITY-ST-ZIP | Sebring, Florida 33872 |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WHITHOUSE, WENDELL | 2.2 NAME | |
| STREET ADDRESS | 445 SOUTH COMMERCE AVENUE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | SEBRING FL | 2.4 CITY-ST-ZIP | |
| TITLE | P <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ELLIS, TREY | 3.2 NAME | Fulcher, Linda |
| STREET ADDRESS | 1917 US 27 NORTH | 3.3 STREET ADDRESS | 3848 Erin Road |
| CITY-ST-ZIP | SEBRING FL | 3.4 CITY-ST-ZIP | Sebring, Florida 33872 |
| TITLE | TD <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | REED, KIM | 4.2 NAME | Mehling, John |
| STREET ADDRESS | 4800 H. W. BRANCH ROAD | 4.3 STREET ADDRESS | 1606 Benz Terrace |
| CITY-ST-ZIP | SEBRING, FL 00000 | 4.4 CITY-ST-ZIP | Sebring Florida 33872 |
| TITLE | S <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CRIVELLO, KATHLEEN | 5.2 NAME | |
| STREET ADDRESS | 501 S. CRANE AVE. | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | SEBRING, FL 00000 | 5.4 CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 6.1 TITLE | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | CLARK, ROBERTA | 6.2 NAME | Kampman, Carl E. |
| STREET ADDRESS | 327 SE LAKEVIEW DRIVE | 6.3 STREET ADDRESS | 4020 Ramiro Street |
| CITY-ST-ZIP | SEBRING FL | 6.4 CITY-ST-ZIP | Sebring, Florida 33872 |

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: Kathleen Crivello Kathleen Crivello 4/6/96 941-382-2134
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)