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Jan 30 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 # 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 33871-1467

3. Date Incorporated or Qualified: 03/20/1962
3a. Date of Last Report: 04/11/1996

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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 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 _____
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 12		
TITLE	~~V~~	☐ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	MAXCY, GUY		1.2 NAME		
STREET ADDRESS	740 KILLARNEY DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	SEBRING FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ 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~~	☐ DELETE	3.1 TITLE	V	☒ Change ☐ Addition
NAME	FULCHER, LYNDA		3.2 NAME		
STREET ADDRESS	3848 ERIN ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	SEBRING FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MEHLING, JOHN		4.2 NAME		
STREET ADDRESS	1606 BENZ TERRACE		4.3 STREET ADDRESS		
CITY-ST-ZIP	SEBRING FL		4.4 CITY-ST-ZIP		
TITLE	~~S~~	☐ DELETE	5.1 TITLE	S/D	☐ Change ☒ 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~~	☐ DELETE	6.1 TITLE	V	☒ Change ☐ Addition
NAME	KAMPMAN, CARL E		6.2 NAME		
STREET ADDRESS	4020 RAMIRO STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	SEBRING FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: Kathleen Crivello Kathleen 1/17/97 941-382-2424