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

DOCUMENT # 709246 (3)

1. Corporation Name

KIWANIS CLUB OF ROCKLEDGE, INC.

Principal Place of Business	Mailing Address
983 NICKLAUS DR PO BOX 560427 ROCKLEDGE FL 32956 US	P.O. BOX 560427 ROCKLEDGE FL 32956-0427 US

3. Date Incorporated or Qualified: 07/01/1965

3a. Date of Last Report: 03/27/1995

4. FEI Number: 59-6168944 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 c/o Georgia Phillips	26
Suite, Apt. #, etc. 22 P.O. Box 560427	Suite, Apt. #, etc. 27
City & State 23 Rockledge, FL.	City & State 28
Zip / Country 24 32956-0427 / 25 US	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

WHITED, BRELL
983 NICKLAUS DR
ROCKLEDGE FL 32995

10. Name and Address of New Registered Agent

81 Name: Phillips, Georgia
82 Street Address (P.O. Box Number is Not Acceptable): 856 Westport Drive
83
84 City: Rockledge FL 85 Zip Code: 32955

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: E Georgia Phillips 2-22-96
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	PD	☑ DELETE	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	WHITED, BRELL		1.2 NAME	Phillips, Georgia	
STREET ADDRESS	983 NICKLAUS DR		1.3 STREET ADDRESS	856 Westport Dr.	
CITY-ST-ZIP	ROCKLEDGE FL		1.4 CITY-ST-ZIP	Rockledge, FL. 32955	
TITLE	VD	☑ DELETE	2.1 TITLE	VD	☐ Change ☐ Addition
NAME	PHILLIPS, GEORGIA		2.2 NAME	Alawas, Lia	
STREET ADDRESS	856 WESTPORT DR		2.3 STREET ADDRESS	1530 S. Harbour Dr.	
CITY-ST-ZIP	ROCKLEDGE FL		2.4 CITY-ST-ZIP	Merritt Island, FL 32952-5608	
TITLE	VD	☑ DELETE	3.1 TITLE	VD	☑ Change ☐ Addition
NAME	ALAWAS, LIA		3.2 NAME	Brand, Nancy	
STREET ADDRESS	1530 S. HARBOUR DR		3.3 STREET ADDRESS	4999 Pine Lily Ct.	
CITY-ST-ZIP	MERRITT ISLAND FL		3.4 CITY-ST-ZIP	Melbourne, FL 32940	
TITLE	S	☑ DELETE	4.1 TITLE	S	☐ Change ☐ Addition
NAME	PHILLIPS, DAN		4.2 NAME	Sutton, James R.	
STREET ADDRESS	856 WESTPORT DR		4.3 STREET ADDRESS	340 Wilson Dr.	
CITY-ST-ZIP	ROCKLEDGE FL		4.4 CITY-ST-ZIP	Merritt Island, FL 32953-1733	
TITLE	T	☑ DELETE	5.1 TITLE	T	☑ Change ☐ Addition
NAME	TURNER, GERALD		5.2 NAME	Nortsell, Ted J.	
STREET ADDRESS	801 WHITE PINE AVE		5.3 STREET ADDRESS	980 Mirada Way	
CITY-ST-ZIP	ROCKLEDGE FL		5.4 CITY-ST-ZIP	Rockledge, FL. 32955	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	FREDRICKSON, JOHN		6.2 NAME		
STREET ADDRESS	8716 CROTON CT		6.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CANAVERAL FL		6.4 CITY-ST-ZIP		

CR2E037 (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)(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: E Georgia Phillips E. Georgia Phillips 3/22/96 407 383-5151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #