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**Feb 05 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 # 709246 (3)

1. Corporation Name
KIWANIS CLUB OF ROCKLEDGE, INC.



Principal Place of Business Mailing Address
C/O GEORGIA PHILLIPS P.O. BOX 560427
P.O. BOX 560427 ROCKLEDGE FL 32956-0427
ROCKLEDGE FL 32956-0427 US

3. Date Incorporated or Qualified **07/01/1965** 3a. Date of Last Report **02/28/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-6168944	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. City & State	28. City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24. Zip	25. Country		
29. Zip	30. Country		

9. Name and Address of Current Registered Agent
**PHILLIPS, GEORGIA
856 WESTPORT DRIVE
ROCKLEDGE FL 32955**

10. Name and Address of New Registered Agent
81 Name **T.C. HARTSELLE**
82 Street Address (P.O. Box Number is Not Acceptable)
930 BLUEGRASS LANE
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 *T.C. Hartselle* Vice President (T.C. Hartselle) DATE **1/12/97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PHILLIPS, GEORGIA	
STREET ADDRESS	856 WESTPORT DRIVE	
CITY-ST-ZIP	ROCKLEDGE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ALLAWAS, LIA	
STREET ADDRESS	1530 S HARBOUR DRIVE	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	NEWELL, BRANDY	
STREET ADDRESS	4999 PINE LILY COURT	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	SUTTON, JAMES R.	
STREET ADDRESS	340 NELSON DRIVE	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	HARTSELLE, TED J.	
STREET ADDRESS	980 MIRACLE WAY	
CITY-ST-ZIP	ROCKLEDGE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FREDRICKSON, JOHN	
STREET ADDRESS	8716 CROTON CT	
CITY-ST-ZIP	CAPE CANAVERAL FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	P.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	T.C. HARTSELLE	
13 STREET ADDRESS	930 BLUEGRASS LN.	
14 CITY-ST-ZIP	ROCKLEDGE FL 32955	
21 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	HARRY MUNCH	
23 STREET ADDRESS	5300 CURTIS BLVD.	
24 CITY-ST-ZIP	EDCOA FL 32927	
31 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	GEORGIA PHILLIPS	
33 STREET ADDRESS	856 WESTPORT DR	
34 CITY-ST-ZIP	ROCKLEDGE FL 32955	
41 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	GERALD TURNER	
43 STREET ADDRESS	801 WHITE PINE AVE	
44 CITY-ST-ZIP	ROCKLEDGE FL 32955	
51 TITLE	T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	PETE AUDE	
53 STREET ADDRESS	609 ROCKLEDGE DR.	
54 CITY-ST-ZIP	ROCKLEDGE FL 32955	
61 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	LIFE ROLL	
63 STREET ADDRESS	1400 HOY LAKE COURT	
64 CITY-ST-ZIP	ROCKLEDGE FL 32955	

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: *T.C. Hartselle* (T.C. HARTSELLE) DATE **1/12/97** 407 632 1975
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0020314

CR2E037 (9/96)