## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Feb 16 1998 8:00am Secretary of State

POCUN I. Corporation	MENT # 709246	6 (3)		
KIWANI	S CLUB OF ROCKLEDGE,	INC.		
Principal Place	e of Business	Mailing Address		
C/O GEORGIA PHILLIPS P.O. BOX 560427 P.O. BOX 560427 ROCKLEDGE FL 32956-0427				
			7	3. Date Incorporated or Qualified
ROCKLEDGE FL	32956-0427	US		07/01/1965 4. FEI Number Applied For
US				59-6168944 Not Applicable
2. Principal Pl	age of Business ATL'TON	2a. Mailing Address		5. Certificate of Status Desired S8.75 Additional
Suite, Apt	#. etc.	Suite, Apt. #, etc.		Fee Required  6. Election Campaign Financing \$5.00 May Be
22 P.O.	BOX 560427	27		Trust Fund Contribution Added to Fees
City & State 23 ROCK	LEABLE H.	City & State		7. Is this nonprofit corporation a homeowners association?
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24 32956-	0907 25	29	30	Personal Property Tax due June 30. Yes No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered Agent
			81 Name	
	HARTSELLE, T.C			Address (P.O. Box Number Is Not Acceptable)
	EGRASS LANE		<u>-</u> -	
ROCKLE	DGE FL 32955		83	
			84 City	85 Zip Code
44 0		00 1047 4500 51 24- 51-1		FL   S   EP 0000
office or re	to the provisions of Sections 517.05t egistered agent, or both, in the State	of Florida, Such change was	tes, the above-named authorized by the corp	corporation submits this statement for the purpose of changing its registere poration's board of directors. I hereby accept the appointment as registered
agent. I ai	m familiar with, and accept the oblig	ations of, Section 617.0503, Fl	lorida Statutes.	
SIGNATURE _	Signature, typed or printed name of registered ag	ont and little if amplicable (NO	TE: Registered Agent signature	required when reinstating) DATE
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	Resident Addition
NAME	HARTSELLE, T.C	• 1	1.2 NAME	ROBERT HILTON 1018 CORDINADO DR.
STREET ADDRESS	930 BLUEGRASS LN.		1.3 STREET ADDRESS	1018 CORONNOS C
CITY-ST-ZIP	ROCKLEDGE FL		1.4 CITY-ST-ZIP	Recuest, 62, 32955
TITLE	VD	DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MUNCH, HARRY		2.2 NAME	j
STREET ADDRESS	5300 CURTIS BLVD.		2.3 STREET ADORESS	
CITY-ST-ZIP	COCOA FL		2. 4 CITY-ST-ZIP	
TITLE	SD	DELETE	3.1 TITLE	Steemers Change Addition
NAME	PHILLIPS, GEORGIA	`	3.2 NAME	1003 WOODLANN BD. BOKUSOF, FL. 32-555
STREET ADDRESS	856 WESTPORT DR.		3.3 STREET ADDRESS	1003 WOODLANN BOOK
CITY-ST-ZIP	ROCKLEDGE FL	T DELETE	3.4. CITY - ST - ZIP	
TITLE	D ALIDHED OFFILE	☐ DELETE	4.1 TITLE	Change Addition
NAME	TURNER, GERALD		4, 2 NAME	
STREET ADDRESS	801 WHITE PINE AVE.	,	4.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	ROCKLEDGE FL	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	Change Addition
NAME	AUDE, PETE		5.2 NAME	L Change L August
STREET ADDRESS	649 ROCKLEDGE DR.		5.3 STREET ADDRESS	
	ROCKLEDGE FL			}
CITY-ST-ZIP TITLE	D	DELETE	5.4 City-St-Zip 6.1 title	Change Addition
NAME	ROLL, LEE	C) pricit	8.2 NAME	T comings (T require
STREET ADDRESS	1400 HOY LAKE COURT		6.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL		6.4 CITY-ST-ZIP	
14, I hereby o	certify that the information supplied	with this filing does not qualify	for the exemption state	I ed in Section 119.07(3)(i), Florida Statutes. I further certify that the Information
indicated officer or Block 12	on this annual report or supplement director of the corporation of the rec or Block 13 if changed or of an alle	el annual report is true and ac eiver or trustee empowered to achment with an address.	curate and that my sign execute this report as	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the Information pnature shall have the same legal effect as if made under oath; that I am an s required by Chapter 617, Florida Statutes; and that my name appears in