

**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 # 711165 (1)

1. Corporation Name  
**KIWANIS CLUB OF DELTONA, FLORIDA, INC.**



Principal Place of Business: GEORGE DYE, 541 BELLTOWER AVENUE, DELTONA FL 32725-8061, US  
Mailing Address: GEORGE DYE, 541 BELLTOWER AVENUE, DELTONA FL 32725-8061, US

3. Date Incorporated or Qualified: 07/11/1966  
3a. Date of Last Report: 03/31/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

4. FEI Number: 59-6164576  
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  
**GEORGE DYE  
541 BELLTOWER AVENUE  
DELTONA FL 32725**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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: *George Dye* (Signature, typed or printed name of registered agent and title if applicable) *George Dye* (NOTE: Registered Agent signature required when reinstating) *1-18-96* (DATE)

12. OFFICERS AND DIRECTORS

|                 |                       |                                 |
|-----------------|-----------------------|---------------------------------|
| TITLE           | D                     | <input type="checkbox"/> DELETE |
| NAME            | CRAVER, DONALD        |                                 |
| STREET ADDRESS  | 2008 W BARLINGTON DR. |                                 |
| CITY - ST - ZIP | DELTONA FL            |                                 |
| TITLE           | D                     | <input type="checkbox"/> DELETE |
| NAME            | EUVERARD, WILL        |                                 |
| STREET ADDRESS  | 2182 HAINLIN CT       |                                 |
| CITY - ST - ZIP | DELTONA, FL 00000     |                                 |
| TITLE           | P                     | <input type="checkbox"/> DELETE |
| NAME            | GEORGE DYE            |                                 |
| STREET ADDRESS  | 541 BELLTOWER AVENUE  |                                 |
| CITY - ST - ZIP | DELTONA FL            |                                 |
| TITLE           | SD                    | <input type="checkbox"/> DELETE |
| NAME            | JONES, HORACE         |                                 |
| STREET ADDRESS  | 1380 WOODBINE AVE     |                                 |
| CITY - ST - ZIP | DELTONA FL            |                                 |
| TITLE           | D                     | <input type="checkbox"/> DELETE |
| NAME            | EBERT, ARTHUR         |                                 |
| STREET ADDRESS  | 960 DELTONA BLVD      |                                 |
| CITY - ST - ZIP | DELTONA, FL 00000     |                                 |
| TITLE           | P                     | <input type="checkbox"/> DELETE |
| NAME            | LEVEILLE, DONALD      |                                 |
| STREET ADDRESS  | 416 S BOUNDARY AVE    |                                 |
| CITY - ST - ZIP | DELAND FL             |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 11 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME            |   |
| 13 STREET ADDRESS  |   |
| 14 CITY - ST - ZIP |   |
| 21 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME            |   |
| 23 STREET ADDRESS  |   |
| 24 CITY - ST - ZIP |   |
| 31 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME            |   |
| 33 STREET ADDRESS  |   |
| 34 CITY - ST - ZIP |   |
| 41 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME            |   |
| 43 STREET ADDRESS  |   |
| 44 CITY - ST - ZIP |   |
| 51 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME            |   |
| 53 STREET ADDRESS  |   |
| 54 CITY - ST - ZIP |   |
| 61 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME            |   |
| 63 STREET ADDRESS  |   |
| 64 CITY - ST - ZIP |   |

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: *George Dye* (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) **TREASURER** *1-18-96* (Date) *407-574-7585* (Daytime Phone #)

CR2E037 (12/95)