

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 # 713465 (3)
1. Corporation Name
KIWANIS CLUB OF WEST PASCO, NEW PORT RICHEY, FLO RIDA, INC.



Principal Place of Business: **P O BOX 973 PORT RICHEY FL 34668**
Mailing Address: **P O BOX 973 PORT RICHEY FL 34668**

3. Date Incorporated or Qualified: **10/16/1967**
3a. Date of Last Report: **04/26/1995**
4. FEI Number: **59-6214634**
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

21. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country
22. Mailing Address: Suite, Apt. #, etc. City & State Zip Country
23. City & State
24. Zip Country
25. Zip Country
26. Suite, Apt. #, etc. City & State Zip Country
27. Suite, Apt. #, etc. City & State Zip Country
28. City & State
29. Zip Country
30. Zip Country

9. Name and Address of Current Registered Agent
**IMBURGIA, JOSEPH
7811 SYCAMORE DRIVE
NEW PORT RICHEY FL 34654**

10. Name and Address of New Registered Agent
81 Name: **RAYMOND J. OSTEEEN**
82 Street Address (P.O. Box Number is Not Acceptable): **2705 LAWN PLACE**
83
84 City: **HOLIDAY** FL 85 Zip Code: **34691**

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: **RAYMOND J. OSTEEEN** DATE: **APR 20, '96**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MURDOCK, RICHARD	
STREET ADDRESS	12416 HITCHING POST LANE	
CITY-ST-ZIP	BAYONET POINT FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SPENCELEY, HENRY	
STREET ADDRESS	12208 PEPPERMILL DR.	
CITY-ST-ZIP	BAYONET POINT FL 34667	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DUFF, BILL	
STREET ADDRESS	1113 KAPOK CIRCLE	
CITY-ST-ZIP	CLEARWATER FL 34619	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PENN, ROBERT	
STREET ADDRESS	12438 LACEY DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	
TITLE	D	<input type="checkbox"/> DELETE
NAME	IMBURGIA, JOSEPH	
STREET ADDRESS	6507 SYCAMORE DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HARTSHORNE, WALTER	
STREET ADDRESS	6012 REDHAWK DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	OSTEEEN, RAYMOND	
1.3 STREET ADDRESS	2705 LAWN PLACE	
1.4 CITY-ST-ZIP	HOLIDAY, FL 34691	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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: **RAYMOND J. OSTEEEN** DATE: **4-4-96** Daytime Phone #: **813-376-6965**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)