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Mar 10 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 # 713465 (3)

1. Corporation Name

KIWANIS CLUB OF WEST PASCO, NEW PORT RICHEY, FLO
RIDA, INC.



Principal Place of Business

Mailing Address

P O BOX 973
PORT RICHEY FL 34688

P O BOX 973
PORT RICHEY FL 34673-0973

3. Date Incorporated or Qualified
10/16/1967

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-6214634

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes Yes No

24

25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OSTEEN, RAYMOND O
2705 LAWN PLACE
HOLIDAY FL 34691

81 Name

RAYMOND J. OSTEEN

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. OSTEEN PRES.

Raymond J. Osteen JAN. 25, '97

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	P	<input type="checkbox"/> DELETE
NAME	OSTEEN, RAYMOND	
STREET ADDRESS	2705 LAWN PLACE	
CITY - ST - ZIP	HOLIDAY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SPENCELEY, HENRY	
STREET ADDRESS	12208 PEPPERMILL DR.	
CITY - ST - ZIP	BAYONET POINT FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DUFF, BILL	
STREET ADDRESS	1113 KAPOK CIRCLE	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PENN, ROBERT	
STREET ADDRESS	12438 LACEY DRIVE	
CITY - ST - ZIP	NEW PORT RICHEY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	IMBURGIA, JOSEPH	
STREET ADDRESS	6507 SYCAMORE DRIVE	
CITY - ST - ZIP	NEW PORT RICHEY FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HARTSHORNE, WALTER	
STREET ADDRESS	6012 REDHAWK DRIVE	
CITY - ST - ZIP	NEW PORT RICHEY FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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 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:

Walter Hartshorne

FEB. 14, '97 813-376-6985

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0766437

CFR2037 (9/96)