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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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 979- PORT RICHEY FL 34668 P.O. BOX 979- PORT RICHEY FL 34668
6012 REDHAWK DR.
NEW PORT RICHEY, FL 34655

3. Date Incorporated or Qualified
10/16/1967
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
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
OSTEEN, RAYMOND J
2705 LAWN PLACE
HOLIDAY FL 34691

10. Name and Address of New Registered Agent
81 Name WALTER HARTSHORNE
82 Street Address (P.O. Box Number is Not Acceptable)
6012 REDHAWK DRIVE
83 NEW PORT RICHEY
84 City FL 85 Zip Code 34655

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 Walter Hartshorne WALTER HARTSHORNE JAN. 24, 1998
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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 WALTER HARTSHORNE 1/24/98 812-376

CR2E037 (10/97)