FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 PM 1:24

DOCUMENT # 725302 (4)

1. Corporation Name
THE KIWANIS CLUB OF SPRING HILL, FLORIDA, INC.

Principal Place of Business	Mailing Address
P O BOX 6245 SPRINGHILL FL 34606 US	P O BOX 6245 SPRINGHILL FL 34606 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/18/1973
3a. Date of Last Report: 02/09/1994
4. FEI Number: 23-7171373 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

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

9. Name and Address of Current Registered Agent

PATTERSON, CLINT
5332 PATRICIA PLACE
SPRINGHILL FL 34607

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	☐ Change ☐ Addition
NAME	PIPPENGER, CHRISTINE	1.2 NAME	
STREET ADDRESS	3387 POINSETTIA DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	☐ Change ☐ Addition
NAME	LAWRENCE, EDGAR	2.2 NAME	
STREET ADDRESS	2535 RUNNING OAK CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	2.4 CITY-ST-ZIP	
TITLE	DP	3.1 TITLE	D ☑ Change ☐ Addition
NAME	MARSH, DIANE	3.2 NAME	Diane Marsh
STREET ADDRESS	7125 CAMBRIDGE ST.	3.3 STREET ADDRESS	7125 Cambridge St.
CITY-ST-ZIP	SPRINGHILL FL	3.4 CITY-ST-ZIP	Spring Hill, Fl 34606
TITLE	DV	4.1 TITLE	DP ☑ Change ☐ Addition
NAME	MARTIN, WILLIAM	4.2 NAME	William Martin
STREET ADDRESS	10 CROOM RD	4.3 STREET ADDRESS	10 Croom Rd
CITY-ST-ZIP	BROOKSVILLE FL	4.4 CITY-ST-ZIP	Brooksville, Fl 34601
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	ANDRYUSKI, BILL	5.2 NAME	
STREET ADDRESS	8390 LAKE HILL CT.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SPRINGHILL FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	DV ☑ Change ☐ Addition
NAME	BOWMAN, SUSAN	6.2 NAME	Debbi Kilmore
STREET ADDRESS	12200 LANDFAIR ST	6.3 STREET ADDRESS	7544 Heatherwalk Dr.
CITY-ST-ZIP	SPRINGHILL FL	6.4 CITY-ST-ZIP	Brooksville, Fl 34613

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)(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: Christine M. Pippenger 1-24-95 904-596-8820
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
Christine M. Pippenger, Treasurer

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