06251999-90010-028-$61.25-$61.25

ANNUAL REPORT
1999

Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 25, 1999 8:00 am
Secretary of State
06-25-1999 90010 028 ****61.25

DOCUMENT # 725302

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	01/18/1973
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-7171373 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

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 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 _____ 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	☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME	MARTIN, WILLIAM C		1.2 NAME	T LANSFORD, RICK D.
STREET ADDRESS	10 CROOM ROAD		1.3 STREET ADDRESS	7080 S. DUVAL ISLAND DR.
CITY-ST-ZIP	BROOKSVILLE FL 34601		1.4 CITY-ST-ZIP	FLORAL CITY, FL. 34436
TITLE	S	☐ DELETE	2.1 TITLE	☑ Change ☐ Addition
NAME	MCGROGAN, SUSAN		2.2 NAME	S HOMER, IRVIN
STREET ADDRESS	12312 DRAYTON		2.3 STREET ADDRESS	6483 ROYAL OAKS DR.
CITY-ST-ZIP	SPRING HILL FL		2.4 CITY-ST-ZIP	SPRING HILL, FL.
TITLE	P	☑ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LAWRENCE, EDGAR		3.2 NAME	P RESO, BEVERLY
STREET ADDRESS	2535 RUNNING OAK CT.		3.3 STREET ADDRESS	12216 WACO ST.
CITY-ST-ZIP	SPRINGHILL FL		3.4 CITY-ST-ZIP	SPRING HILL, FL.
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	RESO, BEVERLY		4.2 NAME	
STREET ADDRESS	12216 WACO STREET		4.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL		4.4 CITY-ST-ZIP	
TITLE	D	☑ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	KILGORE, DEBBI		5.2 NAME	
STREET ADDRESS	7544 HEATHERWALK DR.		5.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL		5.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	HOMER, IRVIN		6.2 NAME	
STREET ADDRESS	6483 ROYAL OAKS DR.		6.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL		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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 6/23/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #