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 APR 14 AM 9:16

DOCUMENT # 731357 (0)

1. Corporation Name

KIWANIS CLUB OF CLERMONT, INC.

Principal Place of Business	Mailing Address
CITRUS TOWER P.O. BOX 121025 CLERMONT FL 34711 US	P.O. BOX 120114 P.O. BOX 121025 CLERMONT FL 34712 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/10/1974
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-0967554 ☐ Applied For ☐ Not Applicable

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

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

9. Name and Address of Current Registered Agent

CALDWELL, ROY W. ATTORNEY
THE OAKS, 608 S. MAIN AVE., #28
MINNEOLA FL 34755

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	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	CAMERON, JOHN H	1.2 NAME	L. PAULETTE BARNEY	
STREET ADDRESS	15805 TOWERVIEW DR	1.3 STREET ADDRESS	1057 W. JUANITA ST	
CITY-ST-ZIP	CLERMONT FL	1.4 CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	BECKER, MARCELLA K	2.2 NAME	ALBERT E. FOGLE	
STREET ADDRESS	12128 LAKESHORE DR	2.3 STREET ADDRESS	1917 SELKEEN DR.	
CITY-ST-ZIP	CLERMONT FL	2.4 CITY-ST-ZIP	EUSTIS, FL 32726	
TITLE	VD	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	LESTER, JAMES E	3.2 NAME	NEESE, RICHARD	
STREET ADDRESS	1973 BRANTLEY CIR	3.3 STREET ADDRESS	10516 LAKEHILL DR	
CITY-ST-ZIP	CLERMONT FL	3.4 CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE	S	4.1 TITLE		☐ Change ☐ Addition
NAME	WIEBUSH, JOSEPH	4.2 NAME		
STREET ADDRESS	1830 RAMIE ROAD	4.3 STREET ADDRESS		
CITY-ST-ZIP	CLERMONT FL	4.4 CITY-ST-ZIP		
TITLE	T	5.1 TITLE	T	☒ Change ☐ Addition
NAME	TOWNE, CEDRIC C	5.2 NAME	SMITH, SAMUEL	
STREET ADDRESS	12510 VALENCIA DR	5.3 STREET ADDRESS	306 DIVISION ST.	
CITY-ST-ZIP	CLERMONT FL	5.4 CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	VESSELS, MARY C.	6.2 NAME	LOWERY, E. KENNETH	
STREET ADDRESS	406 SILVERTON ST	6.3 STREET ADDRESS	11339 CYPRESS [redacted] DR.	
CITY-ST-ZIP	CLERMONT FL	6.4 CITY-ST-ZIP	CLERMONT, FL 34711	

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.

(904)

SIGNATURE: Joseph R. Wiebush JOSEPH R. WIEBUSH APRIL 12, 1995 394-5481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0098788