## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 1. Corporation Name

731357

(0)

KIWANIS CLUB OF CLERMONT, INC.

					1881 BION BION 1481 ONN BION DIEN 1881
Principal Place	of Business	Mailing Address		I (SELLI LOUGH LINE) LIANT LINE (1911)	ida: atasi aidir 81811 didit at811 bigit id81
CITRUS TOWE	ER	P.O. BOX 120114			
P.O. BOX 121025		P.O. BOX 121025			
CLERMONT F	L 34711	CLERMONT FL 34712		3 D-1-1	122 0-1
US		US		<ol> <li>Date Incorporated or Qualified</li> <li>12/10/1974</li> </ol>	3a. Date of Last Report 04/14/1995
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-0967554	Not Applicable
Suite, Apt. #	ŧ, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State	•	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zιρ	Country	Žφ	Country	8. This corporation has liability for in	
24	9. Name and Address of Currer		30	Florida Statutes L.  10. Name and Address of New Re	Yes No
	3. Italio alla Addiesa di Carrel	it negistored Agent	81 Name	10. Haille sild Addiess of New Ad	Parate Agent
CAL DIAME	THE DOV W. ATTODNEY				
CALDWELL, ROY W. ATTORNEY THE OAKS, 608 S. MAIN AVE., #28			<b>82</b> Street	Address (P.O. Box Number is Not Acceptable	e)
MINNEOLA FL 34755			B3		
MININEO	LA FL 34750				
			<b>84</b> City		FL 85 Zip Code
11. Pursuant to	o the provisions of Sections 617.050	2 and 617.1508, Florida Statutes,	the above-named co	propration submits this statement for the purp	cose of changing its registered office
or register	ed agent, or both, in the State of Flori	ida. Such change was authorized	by the corporation's	board of directors. I hereby accept the appoint	intment as registered agent. I am
	in and accept the bullgations of Oec	tion on todoo, nonda otatutes.			
SIGNATURE _	Signature, typed or printed name of registered agen	t and title if applicable (NOTE	Registered Agent signature r	equired when reinstating)	DATE
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
TIFLE	PD	DELETE	1.1 TITLE	PD	Change Addition
NAM5	L PAULETTE BARNEY	$\sim$	1.2 NAME	ALBERT E FOGLE	,
STREET ADDRESS	1057 W JUNIATA ST	V	1.3 STREET ADDRESS	1917 SELEEN DRIVE	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
CITY-ST-ZIP	CLERMONT FL		1.4 CITY - ST - ZIP	EUSTIS FL 32726	
TrTLE	VD	<b>D</b> DELETE	2 1 TITLE	UD	Change 🔲 Addition
NAME	ALBERT E FOGLE	<b>V</b>	2 2 NAME	NEBSE, RICHARD	- V
STREET ADDRESS	1917 SELEEN DRIVE		2 3 STREET ADDRESS	10516 LAKEHILL DAIN	e
Crty - St - ZrP	EUSTIS FL		2 4 CITY - ST - ZIP	CLERMONT, FL 3471	
TITLE	VD	DELETE	3 1 TITLE	VP	Change Addition
NAME	NEESE, RICHARD	1	3 2 NAME	EDWARD L. GRIFFIN	
STREET ADDRESS	10516 LAKEHILL DRIVE	V	3 3 STREET ADDRESS	10700 CRESCENT LN	·/
CITY - ST - ZIP	CLERMONT FL	<b>——</b>	3.4. CHTY - ST - ZIP	CLERMONF, FL 34711	
THILE	S MICONOL IOOCOLI	DELETE	4.1 TITLE	5/2	Change 🔲 Addition
NAME	WIEBUSH, JOSEPH		4 2 NAME	WIEBUSH, JOSEPH	
STREET ADORESS	1830 RAMIE ROAD		4 3 STREET ADDRESS	1930 RAMIE RD	
CITY - ST - ZiP	CLERMONT FL	Fig	4 4 CITY - ST - ZIP	CLERMONT, PL 34711	
THILE	T CAMUE	DELETE	5 1 TITLE	T/D SMITH, SAMUEL	Change Addition
NAME	SMIT, SAMUEL		52 NAME		
STREET ADORESS	306 DIVISION STREET		5 3 STREET ADDRESS	306 DIVISION ST	
CITY-ST-ZIP	CLERMONT FL	Tipe, rve	5 4 CITY - ST - ZIP	CLERMONT, PL 347	
TITLE	D	DELETE	61 TITLE <b>D</b>	RON BECKER, SR	Change 💮 Addition
NAME	LOWERY, E KENNETH		6.2 NAME	9 . DAY 8/4	
STREET ADDRESS	11339 CYPRESS DR		63 STREET ADDRESS	P.O. BOX 864	
CITY - ST - ZIP	CLERMONT FL	The state from the state of the	6.4 CITY - ST - ZIP	CLER MONT, FL 34712	
i tat ido harah	w ceruty that the information subblied	awira trae taloog ie volkusterija turniek	nea ton seen bare ber	allo for the exemption etated in Section 110 i	COCCADA MONDO STORATOR I fuelbor

emental annual report is true and accurate and that my signature shall have the same legal effect as if made under very trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name with an address. I do hereby certify that the information supplied with this mility is certify that the information indicated on this annual report or supports; that I am an officer or director of the corporation or the regappears in Block 12 or Block 13 if changed are on the attachment

**SIGNATURE:** 

01/30/96 (352)394-5481
Date Date