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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

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-~~1025~~ US

3. Date Incorporated or Qualified: 12/10/1974
3a. Date of Last Report: 02/02/1996

2. Principal Place of Business	2a. Mailing Address
21 JENKINS AUDITORIUM	26 P.O. BOX 120114
Suite, Apt. #, etc. 22 691 MONTROSE ST	Suite, Apt. #, etc. 27
City & State 23 CLERMONT, FL ~~34711~~	City & State 28 CLERMONT, FL
Zip / Country 24 34711 / 25 USA	Zip / Country 29 34712-~~0000~~ / 30 USA

4. FEI Number: 59-0967554 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CALDWELL, ROY W. ATTORNEY THE OAKS, 608 S. MAIN AVE., #28 MINNEOLA FL 34755	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	VD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	GRIFFIN, EDWARD L.		1.2 NAME	NEESE, RICHARD	
STREET ADDRESS	10900 CRESCENT LANE		1.3 STREET ADDRESS	10516 LAKEHILL DR.	
CITY-ST-ZIP	CLERMONT FL		1.4 CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE	PD	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	ALBERT E FOGLE		2.2 NAME	ALBERT E. FOGLE	
STREET ADDRESS	1917 SELEEN DRIVE		2.3 STREET ADDRESS	1917 SELEEN DR.	
CITY-ST-ZIP	EUSTIS FL		2.4 CITY-ST-ZIP	EUSTIS, FL	
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	NEESE, RICHARD		3.2 NAME		
STREET ADDRESS	10516 LAKEHILL DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	CLERMONT FL		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	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	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SMIT, SAMUEL		5.2 NAME		
STREET ADDRESS	306 DIVISION STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	CLERMONT FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BECKER, RON SR.		6.2 NAME	500002117565	
STREET ADDRESS	P.O.BOX 864 N/A		6.3 STREET ADDRESS	-03/19/97--01015--018	
CITY-ST-ZIP	CLERMONT FL		6.4 CITY-ST-ZIP	***61.25	

CR2E037 (9/96)

14. I do 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: [illegible] Deborah R. Wiebush FEB 15 '97 3-19