

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **740135** (9)

1. Corporation Name
KIWANIS CLUB OF SOUND-SIDE, HURLBURT FIELD, FLORIDA, INC.



Principal Place of Business: P O BOX 137 MARY ESTHER FL 32569
Mailing Address: P O BOX 137 MARY ESTHER FL 32569

3. Date Incorporated or Qualified: **09/15/1977**
3a. Date of Last Report: **04/05/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22)
2a. Mailing Address (26) Suite, Apt. #, etc. (27)

4. FEI Number: **59-0788761**
Applied For: Not Applicable

23. City & State (23) City & State (28)

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

24. Zip (24) Country (25) Zip (29) Country (30)

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

9. Name and Address of Current Registered Agent
**LOVELAND, WILLIAM F
942 HOLBROOK
FT. WALTON BCH. FL 32548**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PD	NAME: BARTS, DUANE STREET ADDRESS: 208 RLVA COURT CITY-ST-ZIP: FT. WALTON BEACH FL	1.1 TITLE: VICE PRESIDENT (VPD) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME: DOROTHY WARD 1.3 STREET ADDRESS: 130 OPP BLVD 1.4 CITY-ST-ZIP: FT WALTON BEACH FL 32548
TITLE: VPO	NAME: STILLMAN, ERNIE STREET ADDRESS: 638 W. SUNSET BLVD. CITY-ST-ZIP: FT. WALTON BEACH FL	2.1 TITLE: SECRETARY (S) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME: RUTH CULLEN 2.3 STREET ADDRESS: 131 WYNNEHAVEN BEACH ROAD 2.4 CITY-ST-ZIP: MARY ESTHER FL 32569
TITLE: TD	NAME: CULLEN, BILL STREET ADDRESS: 131 WYNNE HAVEN RD. CITY-ST-ZIP: MARY ESTHER FL	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD	NAME: SCOTT, JOHN STREET ADDRESS: 733 RODNEY STREET CITY-ST-ZIP: FT. WALTON BCH. FL	4.1 TITLE: PRESIDENT (PD) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	NAME: ELTON, HAROLD R. STREET ADDRESS: 609 POWELL DR. N.E. CITY-ST-ZIP: FT. WALTON BEACH FL	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DP	NAME: WILLIAMS, RANDY STREET ADDRESS: 267 BRIARWOOD CIR. CITY-ST-ZIP: FT. WALTON BCH. FL	6.1 TITLE: DIRECTOR (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6.2 NAME: KIEN WILL 6.3 STREET ADDRESS: 43 S.E. 13AY DRIVE 6.4 CITY-ST-ZIP: FT WALTON BEACH FL 32548

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)(k), 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: *William Loveland* 01-31-96 (904) 581-0306
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)