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FILED
May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **749617** (7)

1. Corporation Name

KIWANIS CLUB OF BONIFAY, FLORIDA

Principal Place of Business

Mailing Address

P.O. BOX 264
BONIFAY FL 32425

P.O. BOX 264
BONIFAY FL 32425-0264



3. Date Incorporated or Qualified **11/01/1979** 3a. Date of Last Report **03/14/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-6153558	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	25 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 Zip	25 Country	29 Zip	30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RILEY, RAY
105 MCKINLEY DR
BONIFAY FL 32425

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEEL, HERB	1.2 NAME	
STREET ADDRESS	304 E EVANS	1.3 STREET ADDRESS	
CITY - ST - ZIP	BONIFAY, FL 00000	1.4 CITY - ST - ZIP	
TITLE	P	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURTON, GERALD	2.2 NAME	
STREET ADDRESS	RT 4	2.3 STREET ADDRESS	
CITY - ST - ZIP	BONIFAY FL	2.4 CITY - ST - ZIP	
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RILEY, RAY	3.2 NAME	
STREET ADDRESS	105 MCKINLEY DR	3.3 STREET ADDRESS	
CITY - ST - ZIP	BONIFAY FL 32425	3.4 CITY - ST - ZIP	
TITLE	ST	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBS, JAMES E.	4.2 NAME	
STREET ADDRESS	P.O. BOX 906 N/A	4.3 STREET ADDRESS	
CITY - ST - ZIP	BONIFAY FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMS, JAMES E.	5.2 NAME	
STREET ADDRESS	BANFILL ROAD	5.3 STREET ADDRESS	
CITY - ST - ZIP	BONIFAY FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #0000024

CR2E037 (9/96)