FIL	E.	NO	W:	FIL	.ING	FEE	IS	\$61	.25
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NONPROFIT CORPORATION ANNUAL REPORT 1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT 1. Cofforation Name	#	7	4	9	6	1	7
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KIWANIS CLUB OF BONIFAY, FLORIDA

Principal Place of Business P.O. BOX 264 BONFAY FL 32425

Mailing Address

P.O. BOX 264 BONIFAY FL 32425



99 FEB 11 NM 9: 10

CECHERRY OF STATE

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	Principal Place of Business 2a. Mailing Address				3. Date Incorporated or Qualifed				
21		26			11/01/1979				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number		Apr	lied For	
22		27			59-6153558		Not	Applicable	
City & Stat	le	City & State			5. Certifcate of Status Desire	d 🗅	\$8.75 Additional		
23		28			- Community of Status Desires	- <u>-</u>	Fee Red	quired	
Zip	Country	Zip	Country		6. Election Campaign Financi	<sup>ing</sup> ∏	\$5.00	May Be	
24	25	29 3	0		Trust Fund Contribution		Added to		
<u> </u>	9. Name and Address of Current I	Registered Agent			10. Name and Address of No	w Registered	Agent		
			61	Name	ert Greenlee				
RILEY, RA	ιΥ		82	Street Addre	ess (P.O. Box Number is Not Acc	entable)		·	
105 MCKI	NLEY DR				edgewood Dr				
BONIFAY	FL 32425		83						
			84	- City		<del>,</del>	717		
				City	Tfau	FL	85 Zip C	20e	
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes	, the above	-named corpo	oration submits this statement for	the purpose of	changing its	registered	
office or r	registered agent, or both, in the State of	Florida. Such change was aut os of Section 617 0503. Florid	horized by t	the corporation	on's board of directors. I hereby se	ccept the appoir	itment as reg	istered	
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 terrificativith, and accept the obligations of, Section 617.0503, Florida Statutes.									
SIGNATURE	Signature, typed or printed name of registered agent a	and title If applicable. (NOTE: R	egistered Agent	signature required	when reinstating)	DATE	4		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO	OFFICERS AN	DIRECTOR	RS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE				☐ Change	☐ Addition	
NAME	PEEL, HERB		1.2 NAME		20000	5118	312	3	
STREET ADDRESS	ANA C CHANG		1.3 STREET	ADDRESS	~02/	/1 <i>//</i> /33U	110671	ՍՍԵ	
CITY-ST-ZIP	BONIFAY, FL 00000		1.4 CITY-ST		<b>涂水</b> 油	**61.25	非冰冰冰冰篷	S1.25	
TILE	P	DELETE	21 TITLE	77	in Wells Provide		Change	☐ Addition	
NAME	SPEARS, JACK	•	22 NAME		in wells	-~		_ '	
STREET ADDRESS			2.3 STREET	l °	24 S. Wanasha				
CITY-ST-ZIP	BONIFAY FL		2.4 CITY- ST		nilay PL 3242				
TITLE	ST	M DELETE	31 TITLE	S S		-5	<b>⊌</b> Change	Addition	
NAME	RILEY, RAY	process.	32 NAME		but Oreenter		(E) 4.12.190		
STREET ADDRESS	44 444		3.3 STREET	,,,,,,,,	60 wadgewood 12.				
	BONIFAY FL 32425				•				
CITY-ST-ZIP	DOMENT PL 32923	☐ DELETE	3.4. CITY-ST	·ZP Do	onifog.FL 324	2.6	Change	Addition	
TITLE	<del>-</del>	☐ bereit	4.1 TITLE	1	•		Cuanda		
NAME	JACOBS, JAMES E.		4.2 NAME						
Y			4.3 STREET						
CITY-ST-ZIP	BONIFAY FL		4.4 CITY-ST	ZIP					
ture	U	DELETE	5.1 TITLE	P.			Change	Addition	
<b>HAVE</b>	HERSMAN, DON		5.2 NAME	12%	erhan Farmer				
STREET ADDRESS	<b>3</b> ·		5.3 STREET	ADDRESS 60	08 mathachak			ļ	
CITY-ST-ZIP	BONIFAY FL	·	5.4 CITY-ST-	ZIP B	estan Parmer 08 mathastak nifey FL 324	25			
TITLE		☐ DELETE	6.1 TITLE		1 0		☐ Change	☐ Addition	
NAME			6.2 NAME	1				ſ	
STREET ADDRESS			6.3 STREET	ADORESS					
CITY-ST-ZIP			6.4 CITY-ST-	-ZIP				ſ	
14. I hereby o	certify that the information supplied with	this filing does not qualify for th	ne exemptio	on stated in Se	ection 119.07(3)(i), Florida Statut	es. I further cert	ify that the in	formation	

emental 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 the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in an attachment with an address, with all other like empowered.

SIGNATURE: