

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 APR -7 AM 10:48**

**DOCUMENT # NO1156 (1)**

1. Corporation Name

**THE KIWANIS CLUB OF NEW SMYRNA BEACH, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 905  
NEW SMYRNA BEACH FL 32169

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NEW SMYRNA BEACH FL 32169

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/31/1984** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **59-2530302** Applied For  Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 25 Country 29 Zip 30 Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
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

MCKEE, JESSE  
91 CEDAR DUNES DR  
NEW SMYRNA BCH FL 32159

81 Name **CHARLES BELOTE**  
82 Street Address (P.O. Box Number is Not Acceptable) **445 N CAUSEWAY**  
83  
84 City **NEW SMYRNA BEACH** FL 85 Zip Code **32169**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent of 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 responsibility for, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* **CHARLES BELOTE** DATE *[Signature]*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKENZIE, DAVE	1.2 NAME	
STREET ADDRESS	6291 TURTLEMOUND RD	1.3 STREET ADDRESS	
CITY- ST- ZIP	NEW SMYRNA BEACH FL	1.4 CITY- ST- ZIP	
TITLE	V	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEEZLY, GEORGE	2.2 NAME	<b>GEORGE BEAZLEY</b>
STREET ADDRESS	210 SAMS AVE	2.3 STREET ADDRESS	<b>7</b>
CITY- ST- ZIP	NEW SMYRNA BEACH FL	2.4 CITY- ST- ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCKEE, JESSE	3.2 NAME	<b>ROBERT NOSS</b>
STREET ADDRESS	<del>91 CEDAR DUNES DR</del> DELETE	3.3 STREET ADDRESS	<b>116 CANAL ST, STE. B</b>
CITY- ST- ZIP	<del>NEW SMYRNA BCH FL</del>	3.4 CITY- ST- ZIP	<b>NEW SMYRNA BEACH, FL 32168</b>
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELOTE, CHARLES	4.2 NAME	
STREET ADDRESS	445 N CAUSEWAY	4.3 STREET ADDRESS	
CITY- ST- ZIP	NEW SMYRNA BEACH FL	4.4 CITY- ST- ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>SPENCE, HAL</del>	5.2 NAME	<b>AL GALIANO</b>
STREET ADDRESS	<del>P.O. BOX 1200 NA</del> DELETE	5.3 STREET ADDRESS	<b>412 SCHOONER AVE</b>
CITY- ST- ZIP	<del>NEW SMYRNA BEACH FL</del>	5.4 CITY- ST- ZIP	<b>EDGEWATER, FL 32141</b>
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>WEISE, FRED</del>	6.2 NAME	<b>ET WALKER</b>
STREET ADDRESS	<del>105 GUNNINGHAM DR</del>	6.3 STREET ADDRESS	<b>511 FAULKNER ST</b>
CITY- ST- ZIP	<del>NEW SMYRNA BEACH FL</del>	6.4 CITY- ST- ZIP	<b>NEW SMYRNA BEACH, FL 32168</b>

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 110.07(3)(d), 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]* DATE **2-1-95** DAY/MO/YEAR **904/423-6848**