

**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

000001767120  
-04/02/96--01121--007  
\*\*\*\$61.25

DOCUMENT # **N01156** (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** **P.O. BOX 905 NEW SMYRNA BEACH FL 32169**

3. Date Incorporated or Qualified **01/31/1984** 3a. Date of Last Report **04/07/1995**  
4. FEI Number **59-2530302** 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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**BELOTE, CHARLES  
445 N CAUSEWAY  
NEW SMYRNA BCH FL 32169**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE: **2/1/96**

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>MCKENZIE, DAVE</b>
STREET ADDRESS	<b>6291 TURTLEMOUND RD</b>
CITY-ST-ZIP	<b>NEW SMYRNA BEACH FL</b>
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>BEASLEY, GEORGE</b>
STREET ADDRESS	<b>210 SAMS AVE</b>
CITY-ST-ZIP	<b>NEW SMYRNA BEACH FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>NOSS, ROBERT</b>
STREET ADDRESS	<b>116 CANAL ST #B</b>
CITY-ST-ZIP	<b>NEW SMYRNA BCH. FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>BELOTE, CHARLES</b>
STREET ADDRESS	<b>445 N CAUSEWAY</b>
CITY-ST-ZIP	<b>NEW SMYRNA BEACH FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>GALIANO, AL</b>
STREET ADDRESS	<b>412 SCHOONER AVE</b>
CITY-ST-ZIP	<b>EDGEWATER FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>WALKER, EJ</b>
STREET ADDRESS	<b>511 FAULKNER ST</b>
CITY-ST-ZIP	<b>NEW SMYRNA BEACH FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Charles Belote</b>
1.3 STREET ADDRESS	<b>445 N. Causeway</b>
1.4 CITY-ST-ZIP	<b>New Smyrna Bch, FL 32169</b>
2.1 TITLE	<b>V/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>E. J. Walker</b>
2.3 STREET ADDRESS	<b>511 Faulkner St.</b>
2.4 CITY-ST-ZIP	<b>New Smyrna Beach, FL 32168</b>
3.1 TITLE	<b>V/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Robert Noss</b>
3.3 STREET ADDRESS	<b>171 Slash Pine Ct.</b>
3.4 CITY-ST-ZIP	<b>NewSmyrna Beach, FL 32168</b>
4.1 TITLE	<b>T/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>James Kosmas</b>
4.3 STREET ADDRESS	<b>2570 Pioneer Trail</b>
4.4 CITY-ST-ZIP	<b>New Smyrna Beach, FL 32168</b>
5.1 TITLE	<b>S/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>A.A. Galiano</b>
5.3 STREET ADDRESS	<b>412 Schooner Ave.</b>
5.4 CITY-ST-ZIP	<b>Edgewater, FL 32141</b>
6.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>George Beasley</b>
6.3 STREET ADDRESS	<b>3800 Saxon Dr. #5</b>
6.4 CITY-ST-ZIP	<b>New Smyrna Beach, FL 32169</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 119.07(3)(k), Florida Statutes. I hereby 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: \_\_\_\_\_ DATE: **2/5/96** DAYTIME PHONE #: **(904)426-5752**

CR2E037 (12/95)