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Feb 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N01156 (1)
1. Corporation Name
THE KWANIS CLUB OF NEW SMYRNA BEACH, INC.



Principal Place of Business Mailing Address
P.O. BOX 806 NEW SMYRNA BEACH FL 32169
P.O. BOX 905 NEW SMYRNA BEACH FL 32170-0905

3. Date Incorporated or Qualified 01/31/1984
3a. Date of Last Report 04/02/1996

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

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

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 Alfred A. Galiano
82 Street Address (P.O. Box Number is Not Acceptable) 412 Schooner Avenue
83
84 City Edgewater FL 85 Zip Code 32141

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 Alfred A. Galiano February 3, 1997
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 P	BELOTE, CHARLES	1.1 TITLE P	E.J. Walker
NAME	445 N. CAUSEWAY	1.2 NAME	511 Faulkner Street
STREET ADDRESS	NEW SMYRNA BEACH FL 32169	1.3 STREET ADDRESS	New Smyrna Beach, FL 32168
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE V/D	WALKER, E.J.	2.1 TITLE V/D	James Kosmas
NAME	511 FAULKNER ST.	2.2 NAME	2570 Pioneer Trail
STREET ADDRESS	NEW SMYRNA BEACH FL 32168	2.3 STREET ADDRESS	New Smyrna Beach, FL 32168
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE V/D	NOSS, ROBERT	3.1 TITLE V/D	Robert Thurlow
NAME	171 SLASH PINE CT.	3.2 NAME	2504 Belmont Avenue
STREET ADDRESS	NEW SMYRNA BEACH FL 32168	3.3 STREET ADDRESS	New Smyrna Beach, FL 32168
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE T/D	KOSMAS, JAMES	4.1 TITLE T/D	Douglas D. Hodson
NAME	2570 PIONEER TRAIL	4.2 NAME	2802 Hill Street
STREET ADDRESS	NEW SMYRNA BEACH FL 32168	4.3 STREET ADDRESS	New Smyrna Beach, FL 32169
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE S/D	GALIANO, A.A.	5.1 TITLE	
NAME	412 SCHOONER AVE	5.2 NAME	
STREET ADDRESS	EDGEWATER FL 32141	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE D	BEAZLEY, GEORGE	6.1 TITLE D	Fred Baker
NAME	3800 SAXON DR. #5	6.2 NAME	1226 Wayne Ave
STREET ADDRESS	NEW SMYRNA BEACH FL 32169	6.3 STREET ADDRESS	New Smyrna Beach, FL 32168
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)(i), 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: Alfred A. Galiano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date February 3, 1997 Daytime Phone (904) 426-5752

CR2E037 (9/96)