


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jan 22 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N01156 (1)**  
 1. Corporation Name  
**THE KIWANIS CLUB OF NEW SMYRNA BEACH, INC.**



Principal Place of Business P.O. BOX 905 NEW SMYRNA BEACH FL 32169	Mailing Address P.O. BOX 905 NEW SMYRNA BEACH FL 32169
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3. Date Incorporated or Qualified <b>01/31/1984</b>	Applied For Not Applicable
4. FEI Number <b>59-2530302</b>	

2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GALIANO, ALFRED A.  
 412 SCHOONER AVENUE  
 EDGEWATER FL 32141**

10. Name and Address of New Registered Agent

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>WALKER, E.J.</b>
STREET ADDRESS	<b>511 FAULKNER STREET</b>
CITY-ST-ZIP	<b>NEW SMYRNA BEACH FL</b>
TITLE	<b>V/D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>KOSMAS, JAMES</b>
STREET ADDRESS	<b>2570 PIONEER TRAIL</b>
CITY-ST-ZIP	<b>NEW SMYRNA BEACH FL</b>
TITLE	<b>V/D</b> <input type="checkbox"/> DELETE
NAME	<b>THURLOW, ROBERT</b>
STREET ADDRESS	<b>2504 BELMONT AVENUE</b>
CITY-ST-ZIP	<b>NEW SMYRNA BEACH FL</b>
TITLE	<b>T/D</b> <input type="checkbox"/> DELETE
NAME	<b>HODSON, DOUGLAS D.</b>
STREET ADDRESS	<b>2802 HILL STREET</b>
CITY-ST-ZIP	<b>NEW SMYRNA BEACH FL</b>
TITLE	<b>S/D</b> <input type="checkbox"/> DELETE
NAME	<b>GALIANO, A.A.</b>
STREET ADDRESS	<b>412 SCHOONER AVE</b>
CITY-ST-ZIP	<b>EDGEWATER FL 32141</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BAKER, FRED</b>
STREET ADDRESS	<b>1226 WAYNE AVE.</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>Kosmas, James</b>
1.3 STREET ADDRESS	<b>713 Timberlane Dr.</b>
1.4 CITY-ST-ZIP	<b>New Smyrna Beach, FL 32168</b>
2.1 TITLE	<b>V/P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Adele Aletti</b>
2.3 STREET ADDRESS	<b>109 N. Peninsula</b>
2.4 CITY-ST-ZIP	<b>New Smyrna Beach, FL 32169</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: *[Signature]* **1-8-98 (904) 426-5953**

CR2E037 (10/97)