


FILE NOW: FILING FEE IS \$61.25

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Feb 23, 1999 8:00 am
Secretary of State

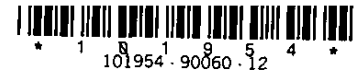
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N01156
 1. Corporation Name
THE KIWANIS CLUB OF NEW SMYRNA 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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/31/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2530302
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GALIANO, ALFRED A. 412 SCHOONER AVENUE EDGEWATER FL 32141	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOSMAS, JAMES	1.2 NAME	ROBERT THURLOW
STREET ADDRESS	713 TIMBERLANE DR	1.3 STREET ADDRESS	415 CANAL ST.
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	1.4 CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	V/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADELE ALETTI	2.2 NAME	ADELE ALETTI
STREET ADDRESS	109 N PENINSULA	2.3 STREET ADDRESS	109 N.PENINSULA
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	2.4 CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169
TITLE	V/D <input type="checkbox"/> DELETE	3.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THURLOW, ROBERT	3.2 NAME	FRED BAKER
STREET ADDRESS	2504 BELMONT AVENUE	3.3 STREET ADDRESS	1226 WAYNE AVE
CITY-ST-ZIP	NEW SMYRNA BEACH FL	3.4 CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168
TITLE	T/D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HODSON, DOUGLAS D.	4.2 NAME	
STREET ADDRESS	2802 HILL STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	4.4 CITY-ST-ZIP	
TITLE	S/O <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALIANO, A.A.	5.2 NAME	
STREET ADDRESS	412 SCHOONER AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	EDGEWATER FL 32141	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, FRED	6.2 NAME	JAMES KOSMAS
STREET ADDRESS	1226 WAYNE AVE.	6.3 STREET ADDRESS	713 TIMBERLANE DR
CITY-ST-ZIP	NEW SMYRNA BEACH FL	6.4 CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168

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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED _____ Date: 1-12-99 Daytime Phone #: 904-426-5750

CR2E037 (11/98)