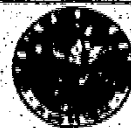


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

95 APR 26 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # N18918 (5)
 1. Corporation Name
KWANIS CLUB OF JASPER, FLORIDA, INC.

Principal Place of Business Mailing Address
104 S. CENTRAL AVE. **104 S. CENTRAL AVE.**
P. O. BOX 1005 **P. O. BOX 1005**
JASPER FL 32052 **JASPER FL 32052**
US **US**

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

DO NOT WRITE IN THIS SPACE
 3. Date incorporated or Qualified **01/26/1987** 3a. Date of Last Report **06/06/1994**
 4. FEI Number **59-2929017** 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**
 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. 189.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
RUDSER, DON
104 S. CENTRAL AVE.
P.O. BOX 1086
JASPER FL 32052

10. Name and Address of New Registered Agent
 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 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, 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 607.0505, Florida Statutes.

SIGNATURE *[Signature]* DATE **April 20, 1995**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	THOMAS, MARK
STREET ADDRESS	P. O. BOX 1005
CITY - ST - ZIP	JASPER FL
TITLE	V
NAME	TAYLOR, RON
STREET ADDRESS	COUNTY HEALTH DEPT., S. CENTRAL AVE.
CITY - ST - ZIP	JASPER FL
TITLE	SD
NAME	RUDSER, DON
STREET ADDRESS	104 S. CENTRAL AVE.
CITY - ST - ZIP	JASPER FL
TITLE	TD
NAME	MCKNIGHT, GEORGE E.
STREET ADDRESS	RT. 1, BOX 78
CITY - ST - ZIP	LIVE OAK FL
TITLE	D
NAME	ROGERS, MARVIN
STREET ADDRESS	129 SE 10TH STREET
CITY - ST - ZIP	JASPER FL
TITLE	D
NAME	WACHOB, CLAY
STREET ADDRESS	RR #2, BOX 300
CITY - ST - ZIP	JASPER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Taylor, Ron	
1.3 STREET ADDRESS	COUNTY HEALTH DEPT, S. Central Ave	
1.4 CITY - ST - ZIP	Jasper FL	
2.1 TITLE	V. Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RUDSER, DON	
2.3 STREET ADDRESS	104 S. CENTRAL AVE	
2.4 CITY - ST - ZIP	Jasper, FL	
3.1 TITLE	Sec.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Bobby Cason	
3.3 STREET ADDRESS	104 W. HATELY AVE	
3.4 CITY - ST - ZIP	Jasper FL	
4.1 TITLE	TRUS.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JENNIE JORDAN	
4.3 STREET ADDRESS	1st Federal, SW 2nd Street	
4.4 CITY - ST - ZIP	Jasper FL	
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 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)(k), 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: **April 20, 1995**
Signature and typed or printed name of signing officer or director (Date)