

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

DOCUMENT # N18918 (5)

1. Corporation Name
KIWANIS CLUB OF JASPER, FLORIDA, INC.

Principal Place of Business Mailing Address
**104 S. CENTRAL AVE.
P. O. BOX 1005
JASPER FL 32052
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 Country 29 Zip Country
24 25 29 30

3. Date Incorporated or Qualified **01/26/1987** 3a. Date of Last Report **04/26/1995**
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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**RUDSER, DON
104 S. CENTRAL AVE.
P.O. BOX 1000 1011
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 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 *[Signature]* 2.19.95
Signature (Print or printed name of registered agent and title if applicable) (Print) Registered Agent signature (required when resubmitting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	1.1 TITLE
NAME	TAYLOR, RON	1.2 NAME
STREET ADDRESS	COUNTY HEALTH DEPT. S. CENTRAL AVE.	1.3 STREET ADDRESS
CITY-ST-ZIP	JASPER FL	1.4 CITY-ST-ZIP
TITLE	VP	2.1 TITLE
NAME	RUDGER, DON	2.2 NAME
STREET ADDRESS	104 S. CENTRAL AVENUE	2.3 STREET ADDRESS
CITY-ST-ZIP	JASPER FL	2.4 CITY-ST-ZIP
TITLE	S	3.1 TITLE
NAME	CASON, BOBBY	3.2 NAME
STREET ADDRESS	104 W. HATELY AVE.	3.3 STREET ADDRESS
CITY-ST-ZIP	JASPER FL	3.4 CITY-ST-ZIP
TITLE	T	4.1 TITLE
NAME	JORDAN, JENNETTE	4.2 NAME
STREET ADDRESS	1ST FEDERAL SW 2ND STREET	4.3 STREET ADDRESS
CITY-ST-ZIP	JASPER FL	4.4 CITY-ST-ZIP
TITLE	D	5.1 TITLE
NAME	ROGERS, MARVIN	5.2 NAME
STREET ADDRESS	129 SE 10TH STREET	5.3 STREET ADDRESS
CITY-ST-ZIP	JASPER FL	5.4 CITY-ST-ZIP
TITLE	D	6.1 TITLE
NAME	WACHOB, CLAY	6.2 NAME
STREET ADDRESS	RR #2, BOX 300	6.3 STREET ADDRESS
CITY-ST-ZIP	JASPER FL	6.4 CITY-ST-ZIP

Change *Addition*
President
Don Rudsee
104 S. Central Ave
Jasper, FL
Change *Addition*
Clay Wachob
Rt. 2 Box 200
Jasper FL
Change *Addition*
Change *Addition*
Change *Addition*
Change *Addition*
Change *Addition*
Ron Taylor
Co. Health Dept. So Central Ave
Jasper FL

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 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]* 2.19.95 204-752-1933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)