


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Sep 02 1998 8:00am  
 Secretary of State

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

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



|   |   |
|---|---|
| Principal Place of Business<br>104 S. CENTRAL AVE.<br>P. O. BOX 1005<br>JASPER FL 32052<br>US | Mailing Address<br>104 S. CENTRAL AVE.<br>P. O. BOX 1005<br>JASPER FL 32052<br>US |
|---|---|

|   |   |  |
|---|---|--|
| 3. Date Incorporated or Qualified<br><b>01/26/1987</b>  |   |  |
| 4. FEI Number<br><b>59-2929017</b>  | Applied For<br><input type="checkbox"/> | Not Applicable<br><input type="checkbox"/> |
| 5. Certificate of Status Desired<br><input type="checkbox"/>  | <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>      |  |
| 7. Is this nonprofit corporation a homeowners association?<br><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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No |   |  |

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

9. Name and Address of Current Registered Agent

**RUDSER, DON**  
**104 S. CENTRAL AVE.**  
**P O BOX 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   | 85 Zip Code<br><b>FL</b> |

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                     |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>WESTER, JOHN</b><br><b>104 S CENTRAL AVE</b><br><b>JASPER FL</b>             | <input type="checkbox"/> DELETE                       | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP</b><br><b>VICKERS, HAROLD</b><br><b>PO BOX 888, N/A</b><br><b>JASPER FL</b>           | <input type="checkbox"/> DELETE                       | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S</b><br><b>HAMPTON, VICKY</b><br><b>PO BOX 100, N/A</b><br><b>JASPER FL</b>             | <input type="checkbox"/> DELETE                       | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T</b><br><b>JORDAN, JENNETTE</b><br><b>1ST FEDERAL SW 2ND STREET</b><br><b>JASPER FL</b> | <input type="checkbox"/> DELETE                       | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>ROGERS, MARVIN</b><br><b>129 SE 10TH STREET</b><br><b>JASPER FL</b>          | <input type="checkbox"/> DELETE                       | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>RUDSER, DON</b><br><b>104 S. CENTRAL AVE.</b><br><b>JASPER FL 32052</b>      | <input type="checkbox"/> DELETE                       | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP |

| 12. OFFICERS AND DIRECTORS                     |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>WESTER, JOHN</b><br><b>104 S CENTRAL AVE</b><br><b>JASPER FL</b>             | <input type="checkbox"/> DELETE                       | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP</b><br><b>VICKERS, HAROLD</b><br><b>PO BOX 888, N/A</b><br><b>JASPER FL</b>           | <input type="checkbox"/> DELETE                       | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S</b><br><b>HAMPTON, VICKY</b><br><b>PO BOX 100, N/A</b><br><b>JASPER FL</b>             | <input type="checkbox"/> DELETE                       | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T</b><br><b>JORDAN, JENNETTE</b><br><b>1ST FEDERAL SW 2ND STREET</b><br><b>JASPER FL</b> | <input type="checkbox"/> DELETE                       | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>ROGERS, MARVIN</b><br><b>129 SE 10TH STREET</b><br><b>JASPER FL</b>          | <input type="checkbox"/> DELETE                       | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>RUDSER, DON</b><br><b>104 S. CENTRAL AVE.</b><br><b>JASPER FL 32052</b>      | <input type="checkbox"/> DELETE                       | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>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 be an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/98)