


FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 06 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N25396 (5)**  
1. Corporation Name  
**KIWANIS AKTION CLUB OF INDIAN RIVER COUNTY, INC.**



Principal Place of Business <b>*SAMUEL A. BLOCK 2127 10TH AVENUE VERO BEACH FL 32960</b>	Mailing Address <b>*SAMUEL A. BLOCK 2127 10TH AVENUE VERO BEACH FL 32960-5307</b>
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<b>21</b> 2. Principal Place of Business	<b>2a.</b> Mailing Address
<b>22</b> Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>23</b> City & State	City & State
<b>24</b> Zip	<b>25</b> Country
<b>26</b> 2a. Mailing Address	<b>27</b> Suite, Apt. #, etc.
<b>28</b> City & State	<b>29</b> City & State
<b>30</b> Zip	<b>31</b> Country

<b>3.</b> Date Incorporated or Qualified <b>03/14/1988</b>	<b>3a.</b> Date of Last Report <b>05/22/1996</b>
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<b>4.</b> FEI Number <b>65-0133215</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**BLOCK, SAMUEL A.  
2127 10TH AVENUE  
VERO BEACH FL 32960**

**10. Name and Address of New Registered Agent**

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

TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>DESENA, DIANE</b>
STREET ADDRESS	<b>2677 12TH STREET</b>
CITY-ST-ZIP	<b>VERO BEACH FL</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>REPLOGLE, JOHN</b>
STREET ADDRESS	<b>1386-16TH AVENUE</b>
CITY-ST-ZIP	<b>VERO BEACH FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>WELLS, LLOYD</b>
STREET ADDRESS	<b>1386 16TH AVE</b>
CITY-ST-ZIP	<b>VERO BEACH FL</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE
NAME	<b>SHAW, VERNEL</b>
STREET ADDRESS	<b>1865 40TH AVE</b>
CITY-ST-ZIP	<b>VERO BEACH FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>SCHOLZE, CINDY</b>
STREET ADDRESS	<b>45-206 PLANTATION DRIVE</b>
CITY-ST-ZIP	<b>VERO BEACH FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>S/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>DESENA, DIANE</b>
1.3 STREET ADDRESS	<b>2677 12TH STREET</b>
1.4 CITY-ST-ZIP	<b>VERO BEACH, FL</b>
2.1 TITLE	<b>P/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>REPLOGLE, JOHN</b>
2.3 STREET ADDRESS	<b>1386-16TH AVENUE</b>
2.4 CITY-ST-ZIP	<b>VERO BEACH, FL</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	<b>VP/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>SHAW, VERNEL</b>
4.3 STREET ADDRESS	<b>1865 40TH AVE</b>
4.4 CITY-ST-ZIP	<b>VERO BEACH, FL</b>
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 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 provided 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 change.

**SIGNATURE** \_\_\_\_\_ **DAVE DESENA** **5/6/97** **5/6/97**

CR2E037 (9/96)