

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 FEB 13 PM 2:26

**DOCUMENT # N31106 (0)**  
1. Corporation Name  
**KIWANIS CLUB OF LAKE PANASOFFKEE, FLORIDA, INC.**

Principal Place of Business Mailing Address  
CR 47 D CR 47 D  
PO BOX 979 PO BOX 979  
LAKE PANASOFFKEE FL 33538-0979 LAKE PANASOFFKEE FL 33538-0979

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>03/09/1989</b>	3a. Date of Last Report <b>06/22/1994</b>
4. FEI Number <b>59-3014213</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent  
**WELDON, JACKSON P  
CR 306 B  
PO BOX 979  
LAKE PANASOFFKEE FL 33538**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 \_\_\_\_\_ 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	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELDON, ELLEN	1.2 NAME	
STREET ADDRESS	CR 306 B	1.3 STREET ADDRESS	
CITY - ST - ZIP	LK PANASOFFKEE FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAY, CHUCK	2.2 NAME	
STREET ADDRESS	R 470	2.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE PANASOFFKEE FL	2.4 CITY - ST - ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIZZELL, CLIFF	3.2 NAME	
STREET ADDRESS	CR 470	3.3 STREET ADDRESS	
CITY - ST - ZIP	LK PANASOFFKEE FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALDWIN, GENNY	4.2 NAME	
STREET ADDRESS	CR 431	4.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE PANASOFFKEE FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HODGES, GLORIA	5.2 NAME	
STREET ADDRESS	CR 470	5.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE PANASOFFKEE FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 resolver 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: *Margaret Ellen Weldon* Date: *2/14/95*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **MARGARET ELLEN WELDON President** (Typed Name)