

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



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

3. Date Incorporated or Qualified **03/09/1989** 3a. Date of Last Report **02/13/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.		59-3014213	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WELDON, JACKSON P CR 306 B PO BOX 979 LAKE PANASOFFKEE FL 33538				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 officer 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BALDWIN, GENNY	4.2 NAME	D MALBAY, LLOYD
STREET ADDRESS	CR 431	4.3 STREET ADDRESS	CR 435
CITY - ST - ZIP	LAKE PANASOFFKEE FL	4.4 CITY - ST - ZIP	LAKE PANASOFFKEE FL
TITLE	D <input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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: *Jackson P. Weldon* *Gina M. Weldon* 1/24/96 944782-3638
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)