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Feb 21 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 01/29/1996

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30  
4. FEI Number 59-3014213 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  
WELDON, JACKSON P  
CR 306 B  
PO BOX 979  
LAKE PANASOFFKEE FL 33538  
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P WELDON, ELLEN CR 306 B LK PANASOFFKEE FL	1.1 TITLE	P WELDON, JACKSON CR 416 D LK PANASOFFKEE FL
NAME	WELDON, ELLEN	1.2 NAME	WELDON, JACKSON
STREET ADDRESS	CR 306 B	1.3 STREET ADDRESS	CR 416 D
CITY-ST-ZIP	LK PANASOFFKEE FL	1.4 CITY-ST-ZIP	LK PANASOFFKEE FL
TITLE	VD RAY, CHUCK R 470 LAKE PANASOFFKEE FL	2.1 TITLE	VD MIGBAY LARRINE CR 435 LK PANASOFFKEE FL
NAME	RAY, CHUCK	2.2 NAME	MIGBAY LARRINE
STREET ADDRESS	R 470	2.3 STREET ADDRESS	CR 435
CITY-ST-ZIP	LAKE PANASOFFKEE FL	2.4 CITY-ST-ZIP	LK PANASOFFKEE FL
TITLE	T FRIZZELL, CLIFF CR 470 LK PANASOFFKEE FL	3.1 TITLE	SD RAY LOUISE CR 427E LK PANASOFFKEE FL
NAME	FRIZZELL, CLIFF	3.2 NAME	RAY LOUISE
STREET ADDRESS	CR 470	3.3 STREET ADDRESS	CR 427E
CITY-ST-ZIP	LK PANASOFFKEE FL	3.4 CITY-ST-ZIP	LK PANASOFFKEE FL
TITLE	D MACBAY, LLOYD CR 435 LAKE PANASOFFKEE FL	4.1 TITLE	TD ANTLEY WILLIAM CR 416 LK PANASOFFKEE FL
NAME	MACBAY, LLOYD	4.2 NAME	ANTLEY WILLIAM
STREET ADDRESS	CR 435	4.3 STREET ADDRESS	CR 416
CITY-ST-ZIP	LAKE PANASOFFKEE FL	4.4 CITY-ST-ZIP	LK PANASOFFKEE FL
TITLE	D HODGES, GLORIA CR 470 LAKE PANASOFFKEE FL	5.1 TITLE	
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	
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 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SANDRA B. MORTHAM  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date FEB 17 1997  
Daytime Phone # 352-793-3638

CFR2E037 (9/96)