

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90109 010 ****61.25

0076196

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N35302

1. Corporation Name

KIWANIS CLUB OF FRIENDSHIP OF OCALA, INC.

104402 90109 10

Principal Place of Business

Mailing Address

8375 SW HWY 200
 COMMUNITY RM. 2ND FL
 OCALA FL 34481
 US

PAUL SHAERER
 9015 A SW 94TH ST
 OCALA FL 34481
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/17/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3078265	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
25	Country	30	Country	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

SHAERER, PAUL S
 9015 A SW 94TH ST
 OCALA FL 34481

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

FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE P/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANDEVORDE, HUBERT	1.2 NAME	TREMEWEN, KENNETH
STREET ADDRESS	11458 SW 78TH CIR	1.3 STREET ADDRESS	8016 S W 116th LOOP
CITY-ST-ZIP	OCALA FL 34476	1.4 CITY-ST-ZIP	OCALA, FL.
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RECKDENWALD, MARTI	2.2 NAME	
STREET ADDRESS	7927 S.W. 12TH CIR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34480	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAERER, PAUL S	3.2 NAME	
STREET ADDRESS	9015 A SW 94TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	V/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREMEWEN, KENNETH	4.2 NAME	HENRY HANSCOM
STREET ADDRESS	8016 SW 116TH LOOP	4.3 STREET ADDRESS	8075 SW 116th LOOP
CITY-ST-ZIP	OCALA FL	4.4 CITY-ST-ZIP	OCALA, FL.
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORRIS, JIM	5.2 NAME	
STREET ADDRESS	8094 S.W. 116TH LOOP	5.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENTZER, DWIGHT	6.2 NAME	KATHY RUSHLOW
STREET ADDRESS	12182 N. MAGNOLIA AVE.	6.3 STREET ADDRESS	627 NE 45th Ct.
CITY-ST-ZIP	OCALA FL 34475	6.4 CITY-ST-ZIP	OCALA, FL.

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Paul Shaerer Jr DATE: 1-19-99 DAYTIME PHONE #: 352-873-3182

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)

104402
~~104402~~ 90109-10
N 35302

CORPORATE ANNUAL REPORT

1999

KIWANIS CLUB OF FRIENDSHIP OF OCALA, Inc.

BLOCK 12 - CONTINUED

D
BUD LENT
8264 S W 115th Ln
OCALA, Fl.

JIM ASHTON
8236 s w 115th St.
OCALA, Fl.

GEORGE HYDE
7696 S W 102nd Loop
OCALA, Fl.

D
KENNETH JOHNSON
7121 S W 113th Loop
OCALA, Fl.