

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
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DOCUMENT # N36040 (6)
 1. Corporation Name
KIWANIS CLUB OF PALMETTO, INC.



Principal Place of Business P O BOX 62 PALMETTO FL 34222	Mailing Address P O BOX 62 PALMETTO FL 34222
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/05/1990	3a. Date of Last Report 02/14/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0559505	Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 29	Country 30	8. 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

GAY, JACK
3424 U.S. HWY 301 NORTH
ELLENTON FL 34222

10. Name and Address of New Registered Agent

81 Name **JoAnne D Dennis**
 82 Street Address (P.O. Box Number is Not Acceptable)
822-35 Ave DRW
 83
 84 City **Palmetto** FL 85 Zip Code **34221**

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 *JoAnne D. Dennis* DATE **2/6/96**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BROWN, TOM	
STREET ADDRESS	602 67TH ST NW	
CITY-ST-ZIP	BRADENTON FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	VOLE, PETER	
STREET ADDRESS	5111 OXFORD RD	
CITY-ST-ZIP	PARKISH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	RUSCOE, PETER	
STREET ADDRESS	7807 1ST AVE W	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GEISLER, KEVIN	
STREET ADDRESS	3514 8TH AVE W	
CITY-ST-ZIP	PALMETTO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, BRIAN	
STREET ADDRESS	4705 9TH STE	
CITY-ST-ZIP	ELLENTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HANSEN, GEORGE J	
STREET ADDRESS	5111 OXFORD RD	
CITY-ST-ZIP	PARRISH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	F/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JoAnne D. Dennis	
5.3 STREET ADDRESS	822-35 Ave DRW	
5.4 CITY-ST-ZIP	Palmetto, FL 34221	
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 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 in an attachment with an address.

SIGNATURE: *JoAnne D Dennis* DATE: **2/6/96**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)