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May 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

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 34220 US

3. Date Incorporated or Qualified: 01/05/1990
4. FEI Number: 59-0559505
Applied For: Not Applicable

2. Principal Place of Business (21-24) and Mailing Address (2a-24) fields with sub-headers for Suite, City & State, Zip, and Country.

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent: DENNIS, JOANNE D, 822 35 AVENUE DRIVE WEST, PALMETTO FL 34221

10. Name and Address of New Registered Agent (81-84): KEVIN W. GEISLER, 3514 6th Ave W, Palmetto, FL 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: *Kevin W. Geisler* 1/9/97
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: VP	NAME: MARSHALL, BILL	1.1 TITLE: PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 7808 52ND TER E	CITY-ST-ZIP: BRADENTON FL	1.2 NAME:	
		1.3 STREET ADDRESS:	
		1.4 CITY-ST-ZIP:	
TITLE: S	NAME: HERRIN, KRISTI	2.1 TITLE: S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 1314 5TH ST WEST	CITY-ST-ZIP: PALMETTO FL	2.2 NAME: John Winters	
		2.3 STREET ADDRESS: 5203 WOODLAWN CIR. W.	
		2.4 CITY-ST-ZIP: PALMETTO, FL 34221	
TITLE: T	NAME: HARMON, SANDY	3.1 TITLE: T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 009 19TH AVE W	CITY-ST-ZIP: PALMETTO FL	3.2 NAME: David Geisler	
		3.3 STREET ADDRESS:	
		3.4 CITY-ST-ZIP:	
TITLE: P	NAME: GEISLER, KEVIN	4.1 TITLE: D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 3514 6TH AVE W	CITY-ST-ZIP: PALMETTO FL	4.2 NAME:	
		4.3 STREET ADDRESS:	
		4.4 CITY-ST-ZIP:	
TITLE: TD	NAME: DENNIS, JOANNE D	5.1 TITLE: VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 822 35 AVENUE DRIVE WEST	CITY-ST-ZIP: PALMETTO FL	5.2 NAME: PATRICK McGUINESS	
		5.3 STREET ADDRESS:	
		5.4 CITY-ST-ZIP:	
TITLE: D	NAME: HANSEN, GEORGE J	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 5111 OXFORD RD	CITY-ST-ZIP: PARRISH FL	6.2 NAME:	
		6.3 STREET ADDRESS:	
		6.4 CITY-ST-ZIP:	

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.

SIGNATURE: *Kevin W. Geisler*

CF2E037 (10/97)