

**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 # **N38793** (8)

1. Corporation Name  
**KIWANIS CLUB OF SEVEN HILLS, INC.**



Principal Place of Business: P.O. BOX 3218, SPRING HILL FL 34606  
Mailing Address: P.O. BOX 3218, SPRING HILL FL 34606

3. Date Incorporated or Qualified: **06/22/1990**  
3a. Date of Last Report: **03/13/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-2982323</b>	Applied For <input type="checkbox"/>
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24. Zip	29. Zip	30. 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 <b>KOENIG, WILLIAM T. 140 OAK LAKE DR SPRING HILL FL 34608</b>		10. Name and Address of New Registered Agent	
81. Name	<b>NESSLER PAUL JR.</b>		
82. Street Address (P.O. Box Number is Not Acceptable)	<b>4040 Commercial Way, Suite 4</b>		
83. City	<b>Spring Hill</b>	84. State	<b>FL</b>
		85. Zip Code	<b>34606</b>

11. Pursuant to the provisions of Sections 617.0602 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: *Paul H. Nessler, Jr.* **PAUL H. NESSLER, JR** DATE: **Feb. 8, 1996**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KOENIG, WILLIAM T.</b>	1.2 NAME	
STREET ADDRESS	<b>140 OAK LAKE DR.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SPRING HILL FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WARD, TIMOTHY J</b>	2.2 NAME	<b>CHARLIE FERNANDEZ</b>
STREET ADDRESS	<b>1344 GATEWOOD AVE.</b>	2.3 STREET ADDRESS	<b>430 FLORIAN WAY</b>
CITY - ST - ZIP	<b>SPRING HILL FL</b>	2.4 CITY - ST - ZIP	<b>SPRING HILL FL 34609</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOWNY, ED</b>	3.2 NAME	
STREET ADDRESS	<b>12810 BOX DRIVE</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HUDSON FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>Secretary</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BATES, KRIS</b>	4.2 NAME	
STREET ADDRESS	<b>4090 COMMERCIAL WAY #6</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SPRING HILL FL</b>	4.4 CITY - ST - ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOORE, SCOTT T</b>	5.2 NAME	
STREET ADDRESS	<b>176 MARINER BLVD.</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SPRING HILL FL</b>	5.4 CITY - ST - ZIP	
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<b>VICE PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARTER, SABRE T</b>	6.2 NAME	<b>JIM ATEN</b>
STREET ADDRESS	<b>6502 TREEHAVEN DR</b>	6.3 STREET ADDRESS	<b>1195 BATTERSEA AVE.</b>
CITY - ST - ZIP	<b>SPRING HILL FL</b>	6.4 CITY - ST - ZIP	<b>SPRING HILL, FL 34609</b>

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: *Ed Downey - Club President* **Ed Downey - Club President** DATE: **2-8-96** DAYTIME PHONE #: **813-861-5139**

CR2E037 (12/95)