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Apr 20 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 # **N38793** (8)

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



Principal Place of Business: P.O. BOX 3218, SPRING HILL FL 34611-3218, US

Mailing Address: P.O. BOX 3218, SPRING HILL FL 34611-3218, US

3. Date Incorporated or Qualified: **06/22/1990**

4. FEI Number: **59-2982323**

Applied For:  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, City, State, Zip, and Country.

5. Certificate of Status Desired:  Yes  No. **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution:  Yes  No. **\$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  
**PAUL, NESSLER J  
4040 COMMERCIAL WAY  
SUITE 4  
SPRING HILL FL 34606**

10. Name and Address of New Registered Agent  
81 Name: **Paul A. Nessler, Jr.**  
82 Street Address (P.O. Box Number is Not Acceptable): **4022 Commercial Way**  
83 City: **Spring Hill** FL 85 Zip Code: **34606**

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: Paul A. Nessler, Jr. DATE: **4/14/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	NAME: CZUKA, MIKE	1.1 TITLE: PRES - ELECT	1.2 NAME: DOT DODGE
STREET ADDRESS: 13346 LACASITA AVE	CITY-ST-ZIP: SPRING HILL FL	1.3 STREET ADDRESS: 3351 MANGLAVE DR.	1.4 CITY-ST-ZIP: HERNANDO BEACH, FL. 34607
TITLE: VP	NAME: FERNANDEZ, CHARLIE	2.1 TITLE: PRES	2.2 NAME: CHARLIE FERNANDEZ
STREET ADDRESS: 430 FLORIAN WAY	CITY-ST-ZIP: SPRING HILL FL	2.3 STREET ADDRESS: 430 FLORIAN WAY	2.4 CITY-ST-ZIP: SPRING HILL, FL. 34609
TITLE: D	NAME: DOWNEY, ED	3.1 TITLE: GLEN GATES - TRGS.	3.2 NAME: 12239 GLEN HAVEN ST
STREET ADDRESS: 12810 BOX DRIVE	CITY-ST-ZIP: HUDSON FL	3.3 STREET ADDRESS: SPRING HILL, FL. 34609	3.4 CITY-ST-ZIP:
TITLE: S	NAME: BATES, KRIS	4.1 TITLE: DIRECTOR	4.2 NAME: JIM JONES
STREET ADDRESS: 4090 COMMERCIAL WAY #8	CITY-ST-ZIP: SPRING HILL FL	4.3 STREET ADDRESS: 10147 CARA ST	4.4 CITY-ST-ZIP: SPRING HILL, FL. 34608
TITLE: T	NAME: MOORE, SCOTT T	5.1 TITLE: DIRECTOR	5.2 NAME: GARLAND MOORE
STREET ADDRESS: 178 MARINER BLVD.	CITY-ST-ZIP: SPRING HILL FL	5.3 STREET ADDRESS: 6039 NEWMARK ST	5.4 CITY-ST-ZIP: SPRING HILL, FL. 34606
TITLE: IMM. POST PRES	NAME: ATEN, JIM	6.1 TITLE: DIRECTOR	6.2 NAME: MARVIN WASHINGTON
STREET ADDRESS: 1195 BATTER SEA AVENUE	CITY-ST-ZIP: SPRING HILL FL	6.3 STREET ADDRESS: 164 OAK LAKE DR.	6.4 CITY-ST-ZIP: SPRING HILL, FL. 34608

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: Charles M. Fernandez **Charles Fernandez** 3-26-98 852-686-6204

CR2E037 (10/97)